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**ABSTRACT**

The purpose of this staff development practicum was to improve the quality of infant and toddler group caregiving by increasing caregivers' knowledge of infant and toddler development and care needs. As a result of the intervention, a healthier, safer, and more stimulating environment for babies was expected; in addition, more professional attitudes and behaviors of caregivers were anticipated. The program was presented weekly for 14 weeks during the spring and summer of 1984. A cooperative-consultative approach was used, with the Child Development Associate (CDA) Competency Standards being employed as a criterion-based self-evaluation tool. Quality of caregiving was assessed before and after the intervention by using the Assessing the Behaviors of Caregivers (ABC) Checklists developed by Honig and Lally (1973). The program resulted in measurable improvements in caregiving behaviors. The child care centers' administration cooperated in making time available to caregivers for staff development and in working with caregivers to improve the environment and the level of caregiving. Related materials, including assessment instruments and workshop outlines, are appended. (Author/RH)

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## APPENDIX F

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OF INFANT AND TODDLER CAREGIVING USING THE CDA  
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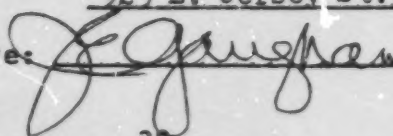
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\*Attach a Practicum Information Sheet to all practicum material.

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**A STAFF DEVELOPMENT PROGRAM TO IMPROVE THE  
QUALITY OF INFANT AND TODDLER CAREGIVING  
USING THE CDA COMPETENCY STANDARDS  
FOR INFANT AND TODDLER CAREGIVERS**

**EXTENDED PRACTICUM SUBMITTED TO THE FACULTY  
OF THE EARLY CHILDHOOD EDUCATION PROGRAM  
IN CANDIDACY FOR THE DEGREE OF**

**DOCTOR OF EDUCATION**

**BY**

**LAURA M. STONE**

**NOVA UNIVERSITY  
CLUSTER VII**

**September, 1984**

**Observed by  
Janna Gaughan M.A., Director  
Children In General child care center**



**ABSTRACT**

A Staff Development Program to Improve the Quality of Infant and Toddler Caregiving Using the CDA Competency Standards for Infant and Toddler Caregivers. Stone, Laura M., 1984, Practicum Report, Nova University.

The purpose of this practicum was to improve the quality of infant and toddler group caregiving through increasing the caregivers knowledge base in infant and toddler development and caregiving needs. A healthier, safer and more stimulating environment for babies was expected as well as more professional attitude and behavior of caregivers.

The staff development program was presented weekly for 14 weeks during the spring and summer of 1984. A cooperative-consultative approach was used, with the Child Development Associate Competency Standards as a criterion-based, self-evaluation tool. Quality of caregiving was assessed before and after the staff development program using the ABC checklists developed by A. Honig and R. Lally.

The staff development program resulted in measurable improvements in caregiving behaviors. The child care centers administration cooperated in making time available to caregivers for the staff development program and in working with caregivers in improving the environment and the level of caregiving.

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## CHAPTER I

### INTRODUCTION

#### A. Explanation of Writer's Role, Responsibility, Work Setting and Description of Community

For six months during 1983, as a preliminary activity in preparing for the practicum project, the writer served as consultant to staff in the infant and toddler areas of two comprehensive hospital-based child care programs. Responsibilities included first identifying and evaluating problem areas in caregiving and then working with the caregivers and the director in remediating these problem areas.

The settings, two hospital-based corporate child care centers are, the Children In General child care center at the Elizabeth General Medical Center in Elizabeth, New Jersey, and Little House at Riverview Medical Center in Red Bank, New Jersey. Both, located in buildings separate but very close to the respective hospitals provide an essential service as a much-needed solution to the problem that working parents face, i.e. child care for babies and children while parents work.

Children In General child care program, which began operating in August 1981 in a portion of a former parochial school across the street from the hospital, is a department within the Elizabeth General Medical Center. It serves three nearby hospitals, described below. The Medical Center handles personnel, benefits and payroll, supplies and billing for the program. The \$100,000/year program, which receives a subsidy from the three hospitals served to temporarily cover costs until the program reaches full capacity, is open to all staff members as well as medical staff and volunteers from the three participating hospitals. Many of the

personnel whose children are enrolled in the center commute as much as an hour to work.

The location of Children In General is Elizabeth, New Jersey, the county seat of Union County, an urban city of 7,402 acres. A heavy concentration of industry in the city includes shipping, manufacturing and retailing, according to the brochure from the Union County Chamber of Commerce (Liotta, 1983). The population of 106,201 includes 74% white, 18% black and 8% other with 26% Spanish surnamed according to the 1980 census report. Local schools have an enrollment of 14,915 children. The median household income was reported to be \$15,423, well below the state-reported household median of \$19,802 and the lowest reported in Union County. The inner city is an economically depressed area of tightly-spaced one- and two-family homes.

The three hospitals served by Children In General child care center are located within a few blocks of each other, near the center of the city. Elizabeth General Medical Center, an accredited, private, non-profit teaching hospital with 373 beds and 50 bassinets, was opened in 1879 and now employs 1305 staff members in 25 departments (Harris, 1983). Saint Elizabeth's Hospital, in operation since 1905, is a non-profit, voluntary, acute care teaching hospital with 325 beds and 26 bassinets, served by a staff of 1056 in 35 departments (Doherty, 1983). Alexian Brothers Hospital is a non-profit, voluntary hospital, which has been in operation since 1882, with 300 beds and no bassinets. Approximately 800 employees are on the staff. (Goldberg, 1983).

Daily capacity at Children In General is 95 children. However, of the 200 children and babies enrolled, average daily attendance is approximately 56; 36 from Elizabeth General Medical Center and 10 each from Alexian Brothers and St. Elizabeth's. There is a daily fluctuation in numbers and in actual children attending the center due to rotating staff schedules. The center is open weekdays from 6:30 AM to 6:00 PM. Daily attendance is as follows:

|                                 |                   | CAPACITY            | DAILY<br>AVERAGE | STAFF/<br>CHILD<br>RATIO |
|---------------------------------|-------------------|---------------------|------------------|--------------------------|
| Infants-and                     |                   |                     |                  |                          |
| toddlers                        | (4 to 24 months)  | 27                  | 14               | 1:4                      |
| Toddlers                        | (24 to 36 months) | 22                  | 10               | 1:5                      |
| Pre-school                      | (3 to 5 years)    | 22                  | 22               | 1:9                      |
| Kindergarten                    | (5 to 6 years)    | 24                  | 10               | 1:12                     |
| After School and                |                   |                     |                  |                          |
| School holidays (5 to 12 years) |                   | variable attendance |                  |                          |
| Total                           |                   | 95                  | 56               |                          |

The current staff includes one head teacher (Kindergarten) part time, one group teacher (pre-school) part time, three full-time caregiver aides, two full-time teacher aides, and five on-call caregiver and teacher aides. A consulting curriculum development specialist is at the center four to five hours per week.

Little House child care center at Riverview Medical Center opened in November 1982 with a capacity of 43 infants and children. Located in a

small house across the street from the hospital which was renovated for this purpose, the center is open weekdays from 6:30 AM to 6:00 PM and accepts infants and children from two months to twelve years of age.

The hospital setting is Red Bank, New Jersey, a small, historic, and well-established urbanized community situated on the southern bank of the Navesink River. Red Bank is a 1.8 square mile borough with a residential population of 12,000. Population density is low, and many large historic homes near the city center are surrounded by large, landscaped yards. During the working hours the population is reported to increase to 60,000 (Red Bank, 1983). The Chamber of Commerce lists the median age of residents as 39.3 years.

Riverview Medical Center is a voluntary, non-profit, full service hospital which opened in 1929 and now has 495 beds including newborn and pediatric bassinets. Approximately 2000 births occur at Riverview Hospital each year. Over 2500 staff are employed at Riverview Hospital and there are 600 volunteers (Powlowski, 1982).

The Little House child care center accepts 43 babies and children each day as follows:

|                                                   | Attendance | Staff/Child<br>Ratio |
|---------------------------------------------------|------------|----------------------|
| Infants (4 mos to 24 mos)                         | 16         | 1:4                  |
| Toddlers (24 mos to 36 mos)                       |            | 1:6                  |
| Pre-school (3 to 4 years)                         | 27         | 1:9                  |
| Pre-school (4 to 5 years)                         |            | 1:12                 |
| After school and<br>school holidays (5 to 12 yrs) | variable   |                      |
| Total                                             | 43         |                      |



One hundred thirty children are enrolled in the center with a fluctuating daily attendance due to rotating daily schedules of hospital staff (Gaughan, 1983).

Full-time staff at Little House includes one manager/head teacher (pre-school), one group teacher (pre-school), one group teacher and one caregiver aide (infant). Part-time staff include one part-time and six on-call caregiver aides. A consulting director spends one day (8 hours) per week at the center. In addition, a consulting curriculum development specialist is available 16 to 20 hours per month (Gaughan, 1983).

Quality of care and safety are vitally important in out-of-home care of infants and toddlers due to their rapid development and vulnerability. Trained caregivers improve the assurance that quality of care will be given to infants and toddlers. As courses and training programs to prepare infant and toddler caregivers are not readily available, the burden of providing this training rests with child care programs at this time and in the writer's area of the country. This writer's background enables her to effectively work with the child care centers to improve the quality of caregiving to infants and toddlers.

## CHAPTER II

### STUDY OF THE PROBLEM

#### A. Description of the Problem Situation

Infant and toddler child care has increased steadily since the 1960's when studies began to show that out-of-home child care in group settings was not detrimental and could be beneficial to infants and toddlers (Siegel-Gorelick, 1983). Working mothers of infants and toddlers have traditionally managed to arrange for child care with family members and local baby sitters in their own communities for short term day care. However, extended families and community child care persons have become increasingly scarce as more adults work out of the home, leaving a gap in available quality child care. Hospitals and industries, which provided child care during the war years, are once again providing child care as an employment benefit.

Quality group infant and toddler day care has been a concern of professionals in Early Childhood Education for some time (Gordon, 1976). The need or desire of parents to be out of the home and at work suggests that care for infants and toddlers is needed (Hofferth, 1979). Researchers began to investigate the effects of out-of-home group care of infants and toddlers during the middle 1960's to determine whether the same harmful effects that were identified by Skeels (1966) would occur in group day care programs. Findings indicated that not only was quality infant and toddler group day care not harmful but that it could be beneficial to babies in promoting their development through a more enriched environment

(Caldwell, 1972; Dittmann, 1973; Kilmer, 1977). With this finding, that infant and toddler group day care was indeed safe (though the final effects have not been determined through long term studies), and with more mothers working, increasing the need for infant and toddler group day care, more programs have been started to fulfill this need in the community and in industry, in both the public and private sectors. Training programs for para-professional infant and toddler caregivers have not kept pace with the need (Zigler, 1972).

The corporate child care program at the Elizabeth General Medical Center, Children In General, was initiated through an employee generated request and the auxiliary services of the medical center as an employee benefit. Janna Gaughan, M.A. (Rutgers University Doctoral Candidate) was selected as a consultant in the planning stages and became director of the center. She brought with her a background in high school and nursery school teaching and counseling, special needs vocational counseling, certification in infant and toddler education, development of a program for pre-school handicapped children, assisting in the development of the CORE/PALS Learning Process and co-authoring the book Infantoddler Parenting, Uni Ed Associates.

Mrs. Gaughan became the director/manager and head teacher (infant/toddler certified) in the infant and toddler area and was assisted by one full-time, one part-time and several on-call caregiver aides. The preschool program staff included an early childhood education certified head teacher and a full-time group teacher.

Initial enrollment at Children In General was 25 children aged six months to five years in the day care and in the after school program for five to 12 years olds. The average daily attendance with a somewhat different population of children each day was 12 to 15 children. This inconsistency in numbers and persons attending this and other hospital child care programs due to rotating work schedules is a general pattern requiring the use of as needed, on-call staff who have less familiarity with routines, policies and children.

Orientation of staff consisted of one day of orientation to hospital policies and two days of training in infant and toddler care. This child care center orientation included information on arranging the environment, the CORE/PALS philosophy of Neser (1980), and Learning Accomplishment Profile (LAP) (Sanford, 1974) child developmental testing. On-the-job demonstration and modeling by the director/manager/head teacher plus weekly inservice training and staff meetings were part of the on-going training. Short conferences and workshops were presented by the director in the CORE/PALS process and additional workshops were available and were attended by the caregiving staff.

As enrollment increased and the center expanded over the ensuing months with an increased use of part-time and on-call staff, managerial and directing duties increased, leaving less time for direct involvement, by the director, in infant and toddler care. During this time the managerial position remained vacant and the policy manual was not fully completed. New, carefully selected,



part-time aides were hired to increase and replace departing staff. The senior caregiver aides, who had received the extensive training and modeling by the director and the curriculum development consultant, modeled the care that was expected of caregivers. Additionally, semi-monthly staff meetings were held for all staff and the director was available for informal conferences (for guidance and problem solving) with staff on a daily basis. The director, Mrs. Gaughan, noted that without consistent and frequent follow-up of caregivers that the quality of caregiving fell to a lower standard than was set for the center (Gaughan, 1983).

The commitment to maintain a high quality program, and quick recognition that more could be done to prevent problems, was acknowledged by both the director and the staff. This writer's offer to spend one day a week for six months, at the center, to build relationships with staff members and to contribute to the development of the policy manual as a preliminary activity for this practicum was accepted as part of their on-going effort to maintain high standards.

The Little House child care program at Riverview Medical Center was also created by Janna Gaughan, developing further the same flexible concept of quality child care as at Children In General. As Consulting Director, Mrs. Gaughan has been present one day each week as well as in daily phone contact with the manager/head teacher, providing consultation in overall program development and serving as the acting liaison linking the hospital and Little House. She has also provided on-the-job instruction and modeling in the

infant and toddler caregiving areas and has conducted inservice training programs on a regular basis.

The initial training for new staff at Little House was modeled after that at Children In General which included one day of hospital orientation plus two days of training in the CORE/PALS philosophy and activities, preparing learning environments and LAP child development testing. This initial training was conducted jointly by the Consulting Director, Mrs. Gaughan, and the Curriculum Development Consultant, Dr. Nesper.

Enrollment at Little House child care center increased steadily over the first year of operation to an average daily attendance of 32 to 43 children (full capacity). Staffing has increased and includes a manager/head teacher (pre-school) who has a BA Degree in Early Childhood Education plus two years experience, a pre-school group teacher who also has a BA Degree in Early Childhood Education and teacher aides who work under the direction of the teachers. The infant/toddler area has had a succession of teacher caregivers with qualifications in Early Childhood Education (not infant/toddler) who have moved on to positions in pre-school programs where they feel more comfortable and find greater opportunity for advancement (Gaughan, 1983). Infant and toddler caregiver aides have remained in their positions, creating some stability in this area.

The problem at Little House is that caregivers are not consistently following through in their caregiving in a way which reflects the educational philosophy of the center and sound developmental principles as taught and modeled by the Consulting

Director.

Reasons for the problem not being solved include (1) there are few adequately prepared infant/toddler teachers or caregivers to hire; (2) infant/toddler caregivers do not see themselves as professionals; (3) caregivers are not motivated to use available educational reimbursement benefits to advance their knowledge of infant and toddler development and education; (4) intensive pre-job training is not available; (5) funding and release time are not available for inservice training programs during work hours; (6) newly hired, untrained caregiver aides need time to mature in their roles as para-professional infant/toddler caregivers and to learn management of classroom resources (people, places, and things); (7) a career ladder for infant/toddler caregivers is not available.

In summary, there is a gap in the ability of child care programs to provide consistently high quality child day care to the child under three.

#### B. Documentation that the Problem Truly Exists

At Children In General and Little House child care centers, untrained caregiver aides are hired for the care of babies under three years old and are given on-the-job training in infant and toddler care. Appropriately qualified early childhood teachers and administrators are not readily available, leaving a gap in adequate supervision for the untrained caregiver aides.

The senior caregiver aide in charge in the infant/toddler room at Children In General, who was intensively trained by the director and who has 52 credits toward a degree in Early Childhood Education,

reported tension, a lack of communication, and a feeling that she was ineffective in having newly hired caregiver aides respond to her guidance and modeling in infant and toddler caregiving (Beigan, 1983). The newer caregiver aides often did not give care to the infants based on the center's policies but rather in a custodial manner.

Parents at Children In General reported that they did not trust newer caregiver aides with their babies. One parent reported that she left work shortly after arriving when the senior caregiver aide was away from the center because she did not trust other caregiver aides. An occasional scratch or bruise was not adequately explained by the late shift and seemed to occur only when the senior caregiver aide was not at the center.

The director mediated between parents and caregivers, and among caregivers, solving problems as they occurred. She interviewed applicants and hired those who were most appropriate. She accepted the assistance offered by this writer in completing a policy manual which would provide written clarification for expected behaviors of staff members.

At the Little House Child Care Center there was little consistent direct leadership for caregiver aides because of the high turnover of qualified teachers in the infant/toddler area. The weekly on-the-job training and modeling by the Consulting Director was not adequate to carry over until the next week when the training continued (Gaughan, 1983). She reported that each week she found inappropriate and too few toys available for the infants, and that



caregiver aides showed little motivation to change or improve. Only under direct supervision did the caregiver aides select, use and maintain play materials appropriately.

In observing the infant/toddler area, this writer found cribs and playpens taking up a large portion of the available floor space and a five foot tall divider placed in the center of the room separating the infant and toddler areas. An open carpeted area was used for toddler group and structured individual play time but was not available to mobile infants, even when toddlers were out of the room. Toys were located on high shelves and in an inaccessible closet. A small linoleum covered area was used as a walkway as well as storage for walkers and riding toys which were used at scheduled times only. Caregiver aides attempted to keep infants in groups sharing the few toys offered, and there was frequent competition for both the toys and caregivers' attention. The infants characteristically found more interesting activities such as crawling between the cribs and playpens, which caregivers persistently attempted to stop.

This writer observed two additional day care centers to determine if these observed problems were unique or if they were pervasive in infant and toddler group day care. One center, a military day care program which had been in operation for 17 years and provided custodial care using part-time untrained caregivers without professional supervision, was viewed. The writer observed during the final weeks of the program which was soon to move into a newly-built center to be directed by a well-qualified staff person.

Caregivers in this center did not talk to the babies during the observation. The play area was a carpeted but otherwise unfurnished room to which babies and a selection of toys were brought and removed at intervals. Separate sleeping and feeding rooms were permanently set up. Children brought their own lunches. This "baby sitting service" was available on an as-needed basis with no continuity in children's attendance.

A second center in a Montessori-type school was visited by the writer. The senior caregiver had been with the school for a number of years and was in charge, due to the recent resignation of the head teacher in the infant/toddler area. During the writer's brief observation, the time was totally structured and included a circle game, a flannel board story, and shape sorting. Free play time was not scheduled. Babies who were unable to sit quietly were separated and ignored during the session. Toys were stored in low cupboards but infants were not free to investigate or play with them during the observation time.

The writer contacted S. Manburg (1983), president of the Florida Chapter of the National Association of Hospital Affiliated Child Care Programs, who reported that many center directors had expressed a need to find a solution to the problem of a lack of consistent high quality infant and toddler caregiving by untrained personnel. This writer is convinced that the problem identified is pervasive and in need of an effective solution.

### C. Analysis of the Problem

Infant and toddler group day care was relatively unheard of during the 1950's. It was well known that infants who were raised in institutions were at great risk for developing retardation due to their lack of physical, emotional and intellectual stimulation, and developed emotional problems due to their lack of attachment to their many caregivers (Bowlby, 1969; Spitz, 1965; Skeels, 1966). There was also a growing awareness that more and more parents were working and in need of care for their infants and toddlers, which during the 1940's and 1950's was expected to be handled by individual parents within their own communities. Research begun in the middle 1960's indicated that high quality group day care of infants and toddlers was not harmful and that intervention programs could even be beneficial, especially for disadvantaged children (Dittmann, 1973; Gordon, 1976; Zigler & Gordon, 1982). Following this discovery in research programs in university settings, federal funds were provided for demonstration projects in selected locations (parent and child development centers) and then for home and center-based intervention programs for disadvantaged babies. Day care for infants and toddlers has since become widespread.

In the last ten years, there has been an ever-widening gap between programs for infants and toddlers, and available, prepared caregivers (Zigler, 1972). Many interested but untrained persons apply and are hired for the low-paying paraprofessional jobs caring for infants and toddlers. Funds are not available for extensive pre- or inservice training as parents need low-cost child care and

most of the fees must be paid by the parents who use the child care services. We, as a society, have not responded to the need for caregiver training nor have we provided funding to cover the expected costs (Kysterling, 1972).

The day care programs at Children In General and Little House are both newly developed programs. Teachers and care-givers are hired through the hospital. In the preschool program qualified early childhood teachers are hired, and teacher aides work under their direction. Due to more opportunities in preschool programs, the group teachers have not remained in the infant/toddler areas, leaving untrained caregiver aides without adequate supervision. Honig and Caldwell (1982) remind us that "as long as staff and public thinks that just any person can care perceptively and responsively and teach creatively, then infant caregivers will have to struggle with a low image of their profession" (p 5).

Keysterling (1972) asks whether we are making use of local educational institutions, community colleges, universities, etc., to provide workshops and training courses to improve the skills of caregivers and to help them build career ladders. Zigler, in 1972, suggested that the answer to the manpower problem might be the Child Development Associate as the new trained professional in day care. The nearby state college, Kean College, has a three-credit course in infant and toddler development which is hardly adequate to provide a pool of trained infant/toddler caregivers.

Ongoing staff training to update and add to learning is as essential to maintain high quality caregiving in the infant and



toddler age group as in any other profession, according to Honig and Caldwell (1982). Semi-monthly inservice training programs have not provided the intensity of training needed by the untrained caregivers. These caregivers do not appear to have the intrinsic motivation needed to learn the knowledge to assure high quality caregiving. Extrinsic motivators (e.g. job requirement or money) are either not available or are not accepted by caregivers.

Unprepared and under-prepared caregivers in infant and toddler day care, lack of funding to cover training of new caregivers, staff turnover, newly developed centers, and lack of readily available, adequate training are clearly obstacles to quality infant and toddler group day care. Short-term modeling and periodic training have not solved the problem at the Children In General and The Little House day care centers. In addition, adequate time that is needed for young, untrained, immature caregiver aides to develop into mature high quality caregivers has not been available in these newly developed programs.

#### D. Relationship of the Problem to the Literature

The problem of inadequately prepared caregivers and poor quality group care of babies has been a concern for several decades. Organizations concerned with early childhood education, including the National Association for the Education of Young Children (NAEYC), Association for Childhood Education International (ACEI), and the Child Care Information Exchange, have devoted entire conferences to out-of-home group care of infants and toddlers. Skeels' (1966) Iowa studies found that retardation in

institutionalized babies subsequently eased as a result of loving home care. Bowlby (1969) and Spitz (1965) researched the devastating effects of maternal deprivation and the lack of consistent and adequate maternal care on infants during the 1930's and early 1940's. Subsequently during the 1940's orphanages were closed and family foster care of children was instituted.

The detrimental effects of poor care on rapidly developing infants is a continuing concern. During the 1960's, several researchers expressed fear of widely used day care for infants. They suggest that great care would have to be taken to assure that infant day care would not become a bad institution with disastrous results (Keister, 1970; Province, 1967). This fear generated a considerable amount of university-oriented research in the face of the lack of information or experience in infant care or intervention (Gordon, 1976). In the late 1960's several demonstration projects were begun, mostly funded by the federal government, to help special needs babies (Ex. Parent-Child Centers). What has emerged from this activity is that center-based group infant day care is not inherently harmful; however, many questions about its long-term effects must still be answered. Researchers of the 1970's and 1980's are responding to these unanswered questions. The influence of the caregiver, the infant, and the environment have all been examined by researchers looking at quality infant and toddler day care. Infant education and curriculum and parent involvement are more recent areas that have caught the attention of researchers.

Many studies reinforce the idea that staff must be carefully

selected for their ability to nurture the very young child. Nurturing includes loving, caring, cuddling, cherishing the unique personality of each infant, and tuning in to the baby's signs, signals and idiosyncracies (Cataldo, 1983; Frailberg, 1977; Honig, 1981; Gerber, 1981; Kilmer, 1977; Province, 1974; Siegel-Gorelick, 1983; and others). Honig (1981) underscores the importance of careful selection of caregivers as she has found that one's values and beliefs influence caregiver behavior more than the ideas and principles learned in class.

Several studies stress training of caregivers as vital to quality day care. Solnit (1974) cautions against our "national tendency" to take short cuts in the recruitment and preparation of staff for infant and toddler care. One basic requirement for high quality day care is that the program be based on developmental needs of children according to Honig & DiPerna (1983), and Province, Naylor & Patterson (1977). Frailberg (1977), Hollomon (1976), Kilmer (1977) and Romero (1974) all emphasize that considerable amounts of pre and in-service training are needed for high quality caregiving. Hollomon (1976) recommends that caregiver training for the "surrogate mothering" role for infants and toddlers be as intensive as that for the Child Development Associate (CDA) credential. Romero (1974) stresses the danger in the possibility of routine, cold, and impersonal care being given by untrained caregivers. He fears poor emotional contact between caregiver and infant and neglect of individual needs with a focus on conformity to the group. Siegel-Gorelick (1983) suggests that the caregiver makes

75% of the difference in whether a day care arrangement is a good one. It seems obvious that selection and training of infant and toddler caregivers must be given high priority in planning for the highest quality of infant/toddler caregiving.

Infants' social, emotional, intellectual and physical needs are noted to be important aspects to be considered in high quality infant/toddler care. (Honig, 1981; Mitchell, 1979). Licensing standards help insure high standards of physical care, especially in center-based care. Public access also offers some assurance of quality physical care in center based programs.

A majority of studies of the detrimental emotional effects of group day care on infants and toddlers have focused on their attachment to caregivers and the strength and any loss of attachment to their mothers as the criteria for evaluation of quality care (Lilleskov, 1974; Neubauer, 1974; White, 1980). Concern that, when services are offered by a group of caregivers, the attachment to a single caregiver can be easily interfered with and is not assured is noted by Neubauer (1974) and Jacobson (1979). Separation from a mother in infancy and toddlerhood is not recommended by many writers (Hollomon, 1976; Lilleskov, 1974; Neubauer, 1974; White, 1980). They note that maternal replacements that have to be shared with others may deprive the child of the optimal relationship around which the child forms a firm self identity. Though many studies found that there were few ill effects of day care on infant attachment to their mothers where a strong attachment was already present and other factors did not exist (eg. unstable family, mother



away for many hours each day, baby too young), the need of infants and toddlers to form close, meaningful attachments to their caregivers must be fostered in effecting high quality infant and toddler day care.

Gross (1977) indicates that the size of the group affects babies' adjustment and selfhood. The over-crowding, noise, competition for adult attention, struggle for toys, and lack of privacy are all factors involved. A disorganized, chaotic, depriving and inconsistent atmosphere is to be avoided in the day care of babies in groups, as this has been found to contribute to mental retardation in institutionalized babies.

The environment is attributed by Siegel-Gorelick (1983) to be responsible for 25% of the success or failure of group day care. This environment is considered to include the space, layout and toys (physical environment), the program, curriculum or routine, and peer influence. Cataldo (1983), Escalona (1974), Greenman (1982), Phyfe-Perkins (1980) and Prescott (1982) suggest that inadequate space and poor selection and arrangement of equipment and materials in the area where babies must live for great parts of the day influences negative behaviors.

The educational program or curriculum has received much attention from researchers in their studies of quality group day care for infants and toddlers. The question that has received the greatest consideration is whether the caregiver creates the learning environment or structures and patterns the infants' activities (Cataldo, 1983; Clarke-Steward, 1982; Elardo, 1973; Escalona, 1974;

Gerber, 1981; Gonzalez-Mena, 1980; Honig, 1981; Pravenstadt, 1974; White, 1980; Willis & Riccuiti, 1981). Weikert and Lambie (1970) suggest that a curriculum has a primary role of giving guidelines to caregivers that help them decide what program components to include, and provide criteria for evaluation of the program and the caregivers, rather than being a rigid structure of learning activities. Willis and Riccuiti (1981) recommend that challenging experiences be a part of babies' play. Neser and Gaughan (1980) indicate that an atmosphere of interdependence, of doing things with, rather than for, the child is most important. Cataldo (1983) and Romero (1974) note that infant education both contributes to the baby's development and gives the caregivers a sense of satisfaction.

The ideas presented above are well stated by Cooper (1976) as follows:

In summary, we have seen that the competent infant is one who is eager to observe, explore and understand his world and is developing confidence in his experiences with the people, objects and events around him. We have also seen that effective caregivers in homes and infant centers interact with their infants in a personalized way, rather than any packaged curriculum. These effective patterns start with the recognition that both infant and caregiver have special interests and preferences that will be reflected in their behavior (p 31).

High quality group care of infants and toddlers should be the top priority of child care centers. The current state of affairs as

observed by this writer and as noted in many studies is that caregivers are neither pre-trained nor given adequate in-service training to assure consistent provision of this high quality of caregiving.

## CHAPTER III

### ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

#### A. Statement of General Goals

The primary goal of this practicum was to provide information and assistance to para-professional infant and toddler caregivers at the Children in General and Little House child care centers in increasing their relevant knowledge base in infant and toddler development and caregiving. A secondary goal was to enhance the participants' views of themselves as professionals and as members of a professional caregiving team. As a result, the writer would expect a consistently higher quality of infant and toddler caregiving at the above centers.

#### B. Terminal Performance Objectives

The following specific objectives were projected:

1. Caregivers who participated in the fourteen week staff development program would show a higher standard of caregiving through increased percentage scores on the Assessing Behaviors of Caregivers (ABC I or ABC II) checklists (Honig and Lally, 1973). It was anticipated that the percentage scores would approximate the percentage scores achieved by "experienced" teachers in each category, as determined by Honig and Lally (1975). It was expected that 75% of participants would achieve the above standard of performance following the fourteen week program.



2. Participating para-professional infant and toddler caregivers would report a 20% increase in professional identification and behavior following the fourteen week staff development program on a Professionalism Survey Questionnaire (PSQ) developed by this writer.

3. Participating para-professional caregiver aides would demonstrate an increased knowledge of early developmental and caregiving needs of babies under age three. Para-professional caregiver aides selected five items from each of thirteen functional areas of the Child Development Associate (CDA) Competency Standards (infant and toddler) and submitted written documentation of how, when, and where they accomplished the items. In addition, attendance at weekly meetings for discussion of strengths and areas needing improvement was required. Completion of the above by 75% of participants would indicate success.

4. Each child care center manager in consultation with the executive director would identify the effects of the staff development program. Written reports of these effects would demonstrate this objective.

C. Description of Evaluation Instruments

The ABC I and ABC II checklists, which target caregiver behavioral inputs into infant and toddler care, were selected as formative and summative evaluations of caregiving behaviors (Appendix A). They were used with the permission of the developer (Appendix B). The ABC I was developed as a reliable measure for use

with caregivers of babies under age 18 months, while the ABC II is for use with caregivers of babies age 18 to 36 months. General, socio-emotional, and cognitive program goals of a model infant and toddler program, listed as items in the checklists, were found to be effective in monitoring adult inputs to assure "developmentally nourishing" infant day care programs by Honig and Lally.

The ABC I (40 item checklist) was validated in 46 half-hour observation periods with two highly trained teachers who had four years experience each in infant caregiving. An 84% inter-observer agreement was attained on this measure. The ABC II, a 44 item checklist, was validated with two teachers with seven years' experience each with older infants in 59 half-hour periods. Inter-observer agreement on this measure, for the first seven categories, was 88%.

The ABC checklists are administered by an observer who tallies the first clear example of ABC checklist behaviors performed during two minute rating periods. The tallies are repeated for three more two minute periods followed by a two minute rest. This ten minute cycle is repeated three times in a half-hour period. A maximum of twelve tallies per half-hour period for each listed behavior is possible.

The PSQ developed by this writer was completed by each participant as a pre and post intervention measure (Appendix C). Selected items in the PSQ were based on items in Functional Area 15, Professionalism, of the CDA Competency Standards. Validity of the

PSQ was established through statistical comparison of pre-test data of the PSQ, the ABC, and of caregiver experience. A correlation of .544 of the ABC with the PSQ at the .05 level validated the PSQ as an instrument to measure the professional growth of infant and toddler caregivers. A low correlation of caregiver experience with the PSQ (.277 at the .05 level) validated the questionnaire on this variable (Appendix D).

The PSQ requested a response to each item on a five point rating scale indicating agreement or disagreement with each item (strongly disagree, disagree, neither, agree, strongly agree). A rating of 1 (strongly disagree) to 5 (strongly agree) was assigned. Items assessing professional attitude, behavior, and knowledge were used as sub-scale scores. Items 1, 2, 5, 7, and 14 were included in the attitude sub-scale. The behavior sub-scale included items 8, 12, 13, 15. Items 9, 10, 11 indicated professional knowledge and were included in the knowledge sub-scale. The possible range of scores on the combined sub-scales is 12 - 60. An acceptable range of score is 48 - 56.

The CDA Competency Standards for infant/toddler caregivers (Jan. 1984 draft), currently being developed by the Child Development Associate National Credentialing Program (CDANCP) through Bank Street College of Education, were selected (Appendix E) as a performance-based, self-assessment mechanism for assisting caregivers in identifying their own skills and as a basis for the staff development program. The standards define the skills needed

to provide quality care to infants and toddlers in 13 Functional Areas (Appendix F). Documentation of competence in each Functional Area (five items) was required of each participant as well as attendance at a weekly meeting to discuss the Functional Area focus.

A narrative report was requested from each manager and the executive director as to positive and/or negative changes resulting from the staff development program.

D. Description of Plans for Analyzing Results

To evaluate this project, pre-test and post-test data were carefully analyzed. Results are presented in the final chapter of this report.



## CHAPTER IV

### SOLUTION STRATEGY

#### A. Discussion and Evaluation of Possible Solutions

Continuing education and training of para-professional infant and toddler caregivers is accepted as necessary in maintaining high quality center-based day care for babies and children. Semi-monthly staff meetings, and frequent, informal contact between the program director and the caregivers, had not resulted in consistent high quality caregiving at the Children In General or Little House Child Care Centers. A once monthly, year long CORE/PALS teacher certification and advancement course which was personal-growth and individual- study oriented rather than being directly related to improving job skills was offered to caregivers. It was held in the evening (from 4:30-8:30 P.M.) at a college approximately 40 miles and 20 miles respectively from the two child care centers. Despite its being free of cost to the caregivers as a job benefit, it was poorly attended, largely due to the time and distance involved.

Several solutions to the problem of inadequate training of caregivers were considered by this writer. These included programmed learning guides; manuals; individualized training; weekly workshops using lecture, participant discussion, and simulation exercises; and self charting checklists and peer coaches.

Programmed learning guides developed under the direction of Scaro and Briscoe-Kleven (1982) for the Department of Defense to prepare child care workers for military child care centers were investigated. The 17 programmed learning manuals in the Staff

Development Series cover a comprehensive base of information. They were written for individual, independent use. Though these manuals were available at the military child care center observed by this writer, the caregivers did not make use of them, according to their own report.

Numerous manuals have been written which include detailed information about growth and development and the needs of babies. Those written by Coonrod & Bradshaw (1980), Gonzalez-Mena & Eyer (1980), Greenfield & Tronick (1980), Herbert-Jackson, O'Brien, Porterfield & Risley (1977), Honig & Lally (1981), O'Brien, Porterfield, Herbert-Jackson & Risley (1979), Segal & Manburg (1981) and Willis & Riccuiti (1981) are most well known. Though manuals, which contain a large amount of useful information for direct use by caregiving staff, were available in the child care centers visited by this writer, they were not being used by paraprofessional caregiving staff. The greatest limitation in the use of manuals is that staff was not found to have the intrinsic motivation to utilize them. An extrinsic motivator is apparently needed to influence caregiving staff to read the materials available.

DeBevoise (1982), Holt (1979), Honig & Lally (1981), Jones (1981), and Willis and Riccuiti (1981) all stress and individualized approach to caregiver training. The prevailing ideas, about caregiver training, of the above authors include, recognizing the developmental needs of each caregivers, providing a positive emotional climate, recognizing the worth of each individual, being an enabler, using the democratic process, and helping everyone to

reach their potential and achieve common goals.

Informed-discussion is suggested as a method for effective in-service training by Willis and Riccuiti (1981) of Cornell University. The participants in this model are required to actively participate by (1) knowing the topics ahead of time, (2) studying the topics, and (3) coming to sessions prepared to share ideas and opinions. Reading materials must be available and provision must be made for a place and time to read the materials. In addition to the discussion sessions, the trainer in the Willis and Riccuiti program spends large amounts of time observing and working directly with infant and toddler caregivers in handling problems and situations as they come up. The limitations of this program are that caregivers are expected to be motivated to read and prepare information, and that the trainer must have large amounts of time available to spend with trainees. The cost involved in implementing this type of program is often prohibitive.

Workshops using a simulation model for in-service training in decision making skills was developed by Falender, Jordan-Marsh and Murar (1979) of the University of California. These researchers found that many child development issues could be appropriately handled using simulation to represent real situations and personnel roles. Workshops using this method of staff development have been used widely and effectively in staff development practice. The limitation of this model is that many direct staff training issues do not fit into the model. Basic information might be better handled in another training mode.



Kunz, Lutzker, Cuovo and associates (1982) found that managing the duties and functions of the caregiving staff was the first step in improving caregiver job performance. They combined antecedent control (eg. lists and memos) and consequent control (feedback) through a self-charting checklist for effective improvement in job performance. The checklists were able to be used without expensive staff training or daily instruction. The major disadvantage to the use of the checklists is that staff become dependent on the checklists, as noted by Kunz et al. They do not increase the caregivers' level of knowledge to a great extent and might force them into a behavior that they may not fully understand or accept.

The Research Based In-service Model (RBIM) described by Mohlman, Kierstead & Gundlack (1982) included weekly workshops in which the format was presentation--demonstration--practice, with peer feedback and coaching between sessions. The writers found that peer coaching for improving performance and giving feedback created an atmosphere in which secondary teachers "thrived." The difficulty in caregiver acceptance of peer coaching would be the greatest limitation expected in the use of this approach.

The importance of participants being a real part of the planning for their professional development, of their adopting the program goals as their own, and of feeling that they have some autonomy in shaping their own destiny is stressed by Beauchamp and Borys (1980), Honig & Lally (1981) and Weller (1982). Involving participants in the planning stage of an in-service program has been reported to increase feelings of openness and trust between



participants and consultants. This writer incorporated many of the components of the solution strategies reviewed into the staff development program.

#### B. Description of and Justification for Solution Selected

The solution selected to remedy the problem of attaining and maintaining high quality caregiving for infants and toddlers at the Children In General and Little House Child Care Centers was a competency-based staff development program. The intervention included a collaborative relationship between the para-professional caregivers and this writer, who evaluated performance behaviors and conducted weekly conferences, meetings and workshops.

Competency-based, individualized staff development was selected for several reasons:

1. it considered the individual needs of each caregiver. (Beauchamp & Borys, 1980; DeBevoise, 1982; Holt, 1979; Honig & Lally, 1981; Jones, 1981; Weller, 1981; Willis & Riccuiti, 1981).
2. it is based on each caregiver's current level of training and experience (Bouverat, 1978; Holt, 1979; Kurts, 1975; Madle, 1980; Pofahl & Potaracke, 1983; Weller, 1982).
3. it is directly related to job needs (Falender et al, 1979; Honig, undated; Honig & DiPerna, 1983; Pofahl & Potaracke, 1983; Willis & Riccuiti, 1981).

Kurts (1975), in describing a competency-based certification program model, indicated that it would include the following:

1. be based on each trainee's entry behavior and thus provide for individual differences
2. have training objectives that are relevant to job performance
3. have substantial field-based supervision component
4. intergrate child development theory into the field based component
5. employ criterion-referenced evaluation based on the Child Development Associate competency standards

This writer believes that all training efforts should be directed toward an already well-established credentialing system, thus preventing wasted trainee effort, time, and money. For caregiver aides who are not yet ready to begin a credentialing process, use of the credentialing standards served to stimulate their interest and to desensitize them to the credentialing system. The Child Development Associate (CDA) competency standards for infant and toddler caregiving were used as the guidelines for the staff development program.

An on-site consultative approach was used for the intervention. Each week, for 14 weeks, the writer spent one day at each of the two child care centers. Consulting functions included assessing caregiving behaviors, conducting individual conferences to give feedback on performance, and weekly group meetings for the sharing of strengths and for discussion of plans for improvement. Information on specific topics was presented in monthly workshops. This cooperative consultative approach to staff development as

discussed above was effectively used by Pofahl and Potaracke (1983) in day care centers in Wisconsin. The advantages of this model are that caregivers do not have to be freed from caregiving duties for long periods of time for in-service training or to attend large workshops away from the center. It allows the assessment of individual needs, the time to develop a personal relationship with each caregiver, and the opportunity to provide in-depth training and to deal with immediate problems and concerns.

On-site training is suggested by Willis and Riccuiti (1981) as being most valuable, noting that the most significant learning takes place when and where situations and problems occur. They recommend that trainer time should be spent both observing and working with caregivers and babies. Weekly on-site training was selected because it provided this type of on-going support and teaching. This writer held 45-minute-long semi-formal discussion meetings with participants following four hours of observing and working with the caregivers and babies. Topics of the meetings included discussion of strengths as self-assessed and as observed by this writer using the CDA functional area focus of the week, selection of one item in the functional area by each caregiver to work on for improvement, and introduction of the new CDA competency standard functional area focus for the following week.

Workshops were selected as the format within which to present new information to all participating caregivers. The monthly workshops were oriented around topics that were identified as areas needing improvement as assessed by this writer during six months of

observing caregiving behaviors at the selected sites during 1983. The topics were: assessing child care programs; facilitating language development; understanding and using Piagetian games with babies; and developing learning environments for babies (Appendices G-J). The CDA competency standards in the areas of communication, cognitive development, and learning environments were incorporated in the respective workshops. Self-checklists for increasing communication with babies and use of Piagetian tasks and games were presented at the appropriate workshop sessions.

Some premises upon which the staff development program was based are as follows:

1. staff development is based on each caregiver's entry behavior to provide for individual differences (Kurtz, 1975)
2. improvement in caregiving practice takes considerable time and long term in-service programs (Wood, McQuarrie, & Thompson, 1982)
3. the staff development program focuses on improving caregiving performance and on increasing the paraprofessional staff's understanding of development from birth to age three (Pofahl & Potaracke, 1983)
4. the climate is positive in order to influence the success feelings of the caregivers (Honig & Lally, 1981; Wood, McQuarrie & Thompson, 1982)
5. individual needs of caregivers are identified in collaboration with the consultant and are based on



behaviors identified by experts in the field (Pofahl & Potaracke, 1983)

6. frequent communication between the consultant and the director and the managers of the child care centers is essential in producing any changes

The staff development program initiated for this practicum was offered in two child care centers. The participants in the program at Children In General Child Care Center were three full-time caregiver aides. Part-time caregiver aides were invited to participate as available. Two caregivers at Little House participated in the staff development program. Four on-call caregiver aides were invited to participate on their own time, but as they were called to work to cover caregiving duties during the weekly meetings they were unable to attend.

The cost of the project was minimal due to the writer volunteering six hours per child care center per week for 14 weeks for the implementation of the program. Each child care center provided for the copying of needed materials. The selected caregivers simultaneously attended the 45 to 60 minute weekly meetings using their scheduled lunch break time. Coverage of the areas was provided during this time by each child care center. In addition, this writer relieved each caregiver, when necessary, to provide time for completion of the weekly assignments, and to provide brief breaks during the afternoon.

The CDA Competency Standards were used as topic items for each week of the program. Caregivers were expected to complete five

self-selected items from the targeted functional area during each week of the program. The weekly focus was as follows:

- Wk 1&2 Introduction to CDA competency standards and project plans.  
Assessing Child Care Centers (Workshop I)
- Wk 3 Health and safety (Functional areas 1 & 2)
- Wk 4 Physical (Functional area 4) -- promotes physical development.
- Wk 5 Communication (Functional area 6) -- actively communicates and supports verbal and non-verbal expression of thoughts and feelings. (Workshop II)
- Wk 6 Creative (Functional area 7) -- provides experiences that stimulate children to explore and express creative abilities.
- Wk 7 Self (Functional area 8) -- provides physical and emotional security for each child. Maintains high self-esteem and promotes independence.
- Wk 8 Social (Functional area 9) -- encourages feelings of empathy and mutual respect among children and adults
- Wk 9 Cognitive development (Functional area 5) -- encourages curiosity, creativity, exploration, and problem solving. (Workshop III)

- Wk 10 Guidance and discipline (Functional area 10) -- supports appropriate and acceptable behaviors individually and in group.
- Wk 11 Professionalism (Functional area 13) -- promotes quality in child development programs and takes advantage of opportunities to improve competence.
- Wk 12 Families (Functional area 11) -- maintains an open, friendly and cooperative relationship with families and supports parent/child relationship.
- Wk 13 Environments (Functional area 3) -- uses space, relationships, materials, and routines as resources for constructing an interesting, secure, and enjoyable environment for exploration and learning. (Workshop IV)
- Wk 14 Summary and wrap up  
Evaluation of staff development program

C. Calendar Plan For Implementation of Selected Solution

- \* Frequent contact with the Executive Director of the two child care centers during the writing of the proposal (March 1983 - April 1984).
- \* Permission obtained for use of the CDA competency standards and the ABC I and ABC II (March 1984) (Append B).
- \* Conference with child care centers Executive Director to finalize plans for implementation of this practicum (April 1984).

- \* Weekly copying of materials arranged to prevent overloading of the copying of materials at each child care centers.
- \* Inter-rater observations of caregiving behaviors to establish reliability for the use of the ABC checklists (April 1984).
- \* Pre-intervention observations of caregiving behaviors using ABC I or ABC II as appropriate (April/May 1984).
- \* Weekly or semi-weekly conferences with the Executive Director or Center Manager (April - August 1984).
- \* Weekly conference meetings with participants using the scheduled CDA competency standards functional areas as topics (April - August 1984).
- \* Workshop I--Assessing Child Care Centers (April 1984).
- \* Workshop II--Infant/Toddler Language Facilitation (May 1984).
- \* Workshop III--Piagetian Development and Tasks and Games (June 1984).
- \* Workshop IV--Environments for Babies (July 1984).
- \* Post-intervention observations of caregiver behaviors using the ABC I or ABC II as appropriate (August 1984).
- \* Research and writing throughout the implementation of the project (April - August 1984).
- \* Completion of Chapter V and submission of the report by September 14, 1984 (4 weeks).



## CHAPTER V

### RESULTS, CONCLUSIONS AND RECOMMENDATIONS

#### A. Presentation and Analysis of Results

This practicum, as stated in Chapter III, was designed to achieve the following objectives:

1. Infant and toddler caregivers participating in the fourteen week staff development program would achieve tallies approximating those of "experienced" teachers on the ABC I or ABC II checklists.

2. Participating infant and toddler caregivers would show a 20% increase in professional identification on the PSQ following the fourteen week staff development program.

3. Infant and toddler caregivers who participated in the fourteen week staff development program would demonstrate an increased knowledge of developmental and caregiving needs of babies under age three by completing five items in each Functional Area of the CDA Competency Standards and attending weekly meetings to discuss strengths and to plan for improvements in caregiving.

4. Child care center managers and the executive director would identify and report on the effects of the staff development program.

Six caregivers were enrolled in the fourteen week staff development program, three from each child care center, with five caregivers completing it. Demographic data is listed in table 1.

TABLE 1

| CARE-GIVER | AGE | MARITAL STATUS | CHILDREN | Caregiver Demographic Data |              |                   | EARLY CHILDHOOD ADTL COURSES | MONTHS EXPERIENCE<br>*EC/IT |
|------------|-----|----------------|----------|----------------------------|--------------|-------------------|------------------------------|-----------------------------|
|            |     |                |          | BASIC EDUC.                | HIGHER EDUC. | CERTIFICATIONS    |                              |                             |
| A          | 21  | S              | 0        | 12                         | 50 cts       | 0                 | 1                            | 0/30                        |
| B          | 22  | S              | 0        | 12                         | 0            | 0                 | 2                            | 12/14                       |
| C          | 30  | S              | 0        | 12                         | 128 cts      | Elem/<br>Early Ch | 1                            | 54/0                        |
| D          | 24  | S              | 0        | 12                         | 0            | 0                 | 2                            | 0/36                        |
| E          | 42  | M              | 4        | 12                         | 0            | 0                 | 2                            | 0/16                        |

\*EC-Early childhood/IT-infant-toddler

Four of the five caregivers were single women without children of their own, who had completed high school. Two caregivers had college credits, however, only one caregiver had completed degree requirements and certification in Early Childhood Education. All five participants had taken courses or workshops in early childhood development or teaching.

This writer observed each caregiver and tallied behaviors on the ABC I or ABC II checklist during four half-hour periods before and after the staff-development program. Inter-rater checks were conducted prior to the use of the measure to assure reliability. The results are presented in Tables 2 and 3 as percentages of caregiver behaviors tallied in each category during the four half-hour observation periods out of the total number of tallies made.

TABLE 2

## ABC I CHECKLIST

Percentage of caregiver behaviors represented in each category for each caregiver.

| Program category        | Exp teach | A    |      | B    |      | C    |      | group |      |
|-------------------------|-----------|------|------|------|------|------|------|-------|------|
|                         |           | pre  | post | pre  | post | pre  | post | pre   | post |
| Language Facilitation   | 33.3      | 15.7 | 31.9 | 19.9 | 23.1 | 18.3 | 20.6 | 17.9  | 25.2 |
| Socio-emotional inputs: |           |      |      |      |      |      |      |       |      |
| Positive                | 23.8      | 22.0 | 45.0 | 20.8 | 7.9  | 22.9 | 16.2 | 21.9  | 23.0 |
| Negative                | 2.4       | 1.3  | 1.7  | 6.6  | 4.2  | 3.1  | 4.5  | 3.7   | 3.5  |
| Piagetian tasks:        |           |      |      |      |      |      |      |       |      |
| a. sensory-motor        | 18.3      | 5.7  | 5.0  | 0.0  | 1.2  | 0.9  | 6.2  | 2.2   | 4.1  |
| b. concept development  | ---       | ---  | ---  | ---  | ---  | ---  | ---  | ---   | ---  |
| Social-personal skills  | ---       | ---  | ---  | ---  | ---  | ---  | ---  | ---   | ---  |
| Caregiving routines     |           |      |      |      |      |      |      |       |      |
| a. babies               | 7.6       | 14.6 | 16.9 | 15.8 | 11.6 | 19.9 | 11.0 | 16.8  | 13.2 |
| b. environment          | 7.7       | 17.3 | 23.6 | 11.1 | 20.1 | 27.8 | 13.8 | 18.7  | 19.2 |
| Physical development    | 6.7       | 3.1  | 31.4 | 14.6 | 6.3  | 3.1  | 12.5 | 7.2   | 16.7 |
| Do nothing              | .1        | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  | 0.0   | 0.0  |



Table 2 shows higher scores for caregivers in the writer's group than for Honig and Lally's group of experienced teachers in the category of caregiving routines. Caregivers varied as to the amounts of positive and negative socio-emotional inputs. In examining the scores of individual caregivers, the writer noted a fairly consistent relationship between high positive inputs and low negative inputs for most caregivers. The pre to post observations were carried out following a three and one half month period. Babies in the groups cared for by caregivers B & C are more appropriately compared to babies over 18 months old at post observation. This is especially true with socio-emotional positive and negative inputs. This writer notes that, considering the age factor of the babies in these two groups, the results compare satisfactorily with the scores of experienced teachers.

Individual caregiver inputs into physical development varied. Post-intervention observations revealed scores near or above the experienced teacher level.

Categories in which scores were noticeably lower for the writer's target group of caregivers than those of experienced teachers were in the areas of language facilitation and Piagetian tasks. Individual caregiver scores increased 2.3 to 16.2 percentage points from pre- to post-intervention in language facilitation and -.7 to 5.3 percentage points in Piagetian tasks. These categories are examined in closer detail later.



The results of the ABC II (18-36 mo.) checklist shown in Table 3 indicate percentage scores equal to or above the level of experienced teachers in categories of socio-emotional--positive, caregiving routines and physical development.

TABLE 3  
ABC II CHECKLIST

Percentage of caregiver behaviors represented in each category for each caregiver.

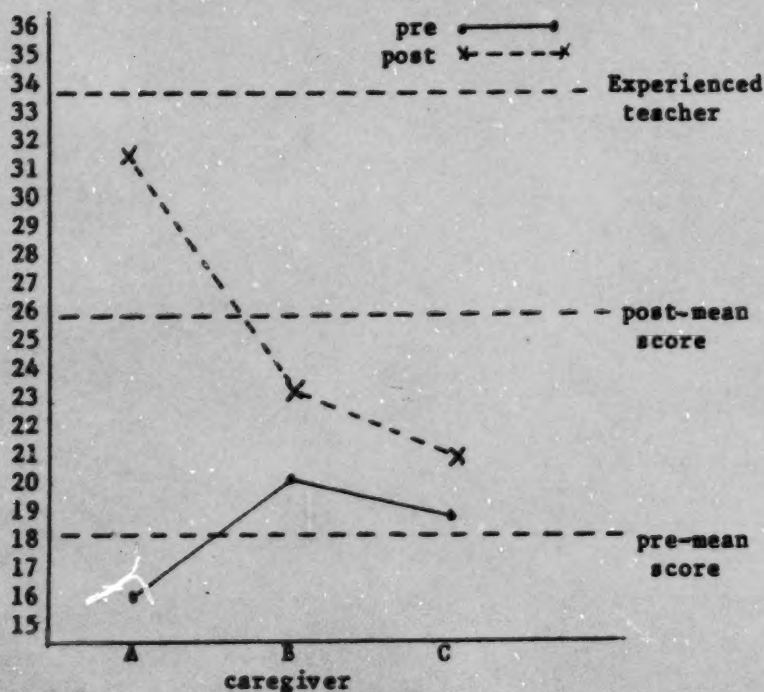
| Program category        | Exp teach | pre  | D post | pre  | E post | Group Mean pre | Group Mean post |
|-------------------------|-----------|------|--------|------|--------|----------------|-----------------|
| Language Facilitation   | 47.2      | 31.2 | 24.0   | 29.3 | 43.5   | 30.3           | 33.7            |
| Socio-emotional Inputs: |           |      |        |      |        |                |                 |
| Positive                | 8.1       | 25.0 | 17.7   | 50.0 | 42.7   | 37.5           | 30.2            |
| Negative                | 9.3       | 2.6  | 6.5    | 7.4  | 2.9    | 5.0            | 4.7             |
| Piagetian tasks:        |           |      |        |      |        |                |                 |
| Sensory-motor           | ---       | ---  | ---    | ---  | ---    | ---            | ---             |
| Concept development     | 11.6      | 0.5  | 0.0    | 0.0  | 4.1    | .25            | 2.1             |
| Personal-social skills  | 7.5       | 15.0 | 5.2    | 17.7 | 8.6    | 16.4           | 6.9             |
| Caregiving routines     |           |      |        |      |        |                |                 |
| Babies                  | 7.5       | 21.3 | 22.9   | 29.7 | 23.4   | 25.5           | 23.2            |
| Environment             | 5.8       | 9.9  | 12.0   | 22.4 | 21.9   | 16.2           | 17.0            |
| Physical development    | 2.6       | 25.1 | 19.8   | 40.6 | 26.0   | 34.9           | 22.9            |
| Do nothing              | 0.0       | 10.4 | 8.3    | 0.0  | 0.0    | 5.2            | 4.1             |

The low incidence of negative inputs, well below the level of experienced teachers, is an impressive finding in this program which stresses positive social interactions (CORE/PALS philosophy). Language facilitation and Piagetian task inputs were again noticeably lower than those of experienced teachers. Combined pre and post intervention scores in the personal-social category brings an average that is well above the level of experienced teachers. This writer does not see a problem in this area despite a drop in scores at post intervention observations.

A more detailed analysis of the categories of language facilitation and Piagetian tasks was carried out. Language facilitation percentage scores showing individual differences are illustrated in figure 1. There was a significant increase in the mean percentage score by these

FIGURE 1  
LANGUAGE FACILITATION - ABC I

Comparison of percentage scores of "experienced" teachers and sample group

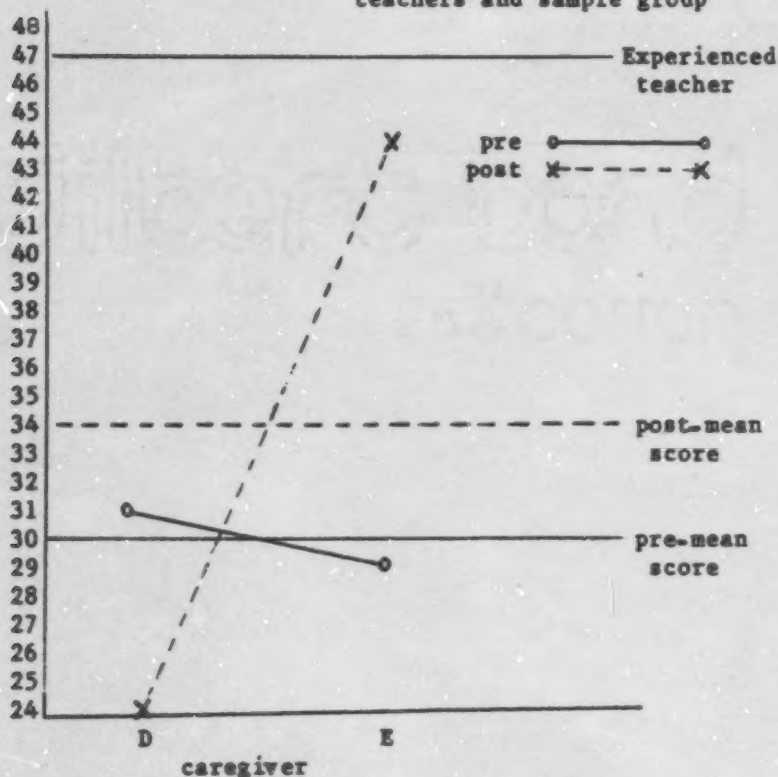


caregivers at post-intervention. Individual caregivers showed a wide range of gains in scores at post-intervention. Caregiver A achieved a percentage score within two and one-half points of experienced teacher level. Caregivers B and C made two and three point gains.

Figure 2 shows a seven point drop in the score of caregiver D. The score of caregiver E increased 14 percentage points to within three percentage points of the experienced teacher level.

FIGURE 2  
LANGUAGE FACILITATION - ABC II

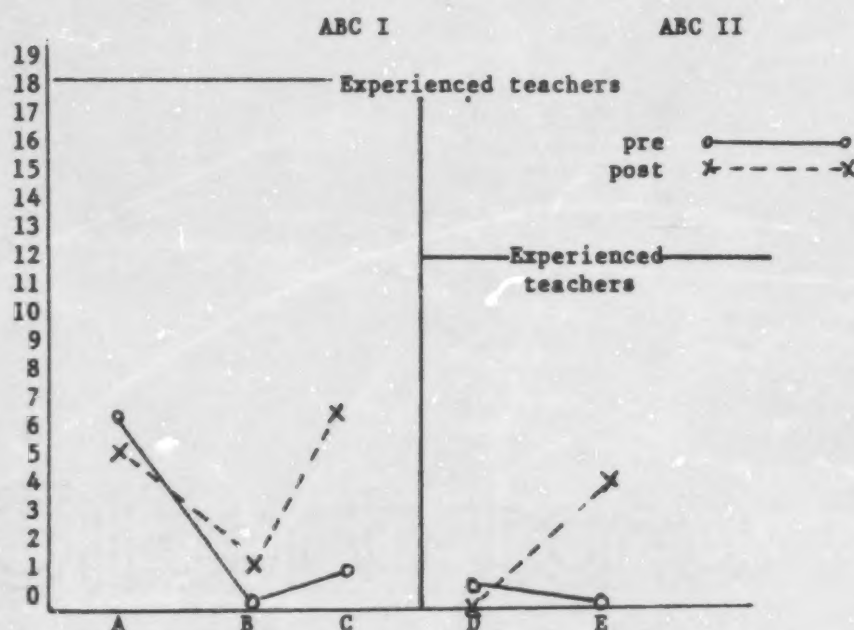
Comparison of percentage scores of "experienced" teachers and sample group



Piagetian tasks received a very low score at pre-intervention as illustrated in Figure 3. Three of five caregivers had percentage point gains following the program. The two caregivers who showed losses, lost less than one percentage point each—a non-significant amount.

FIGURE 3  
Piagetian Tasks

Percent of caregiver time spent in Piagetian task inputs pre and post-intervention as compared to experienced teachers.

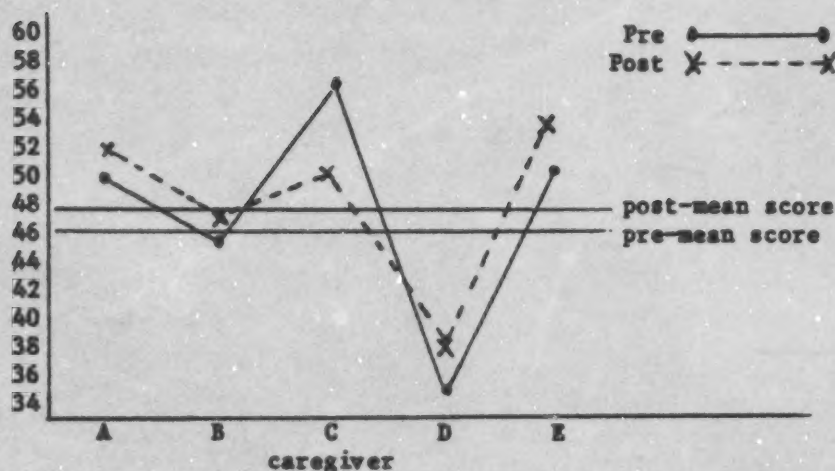


The PSQ was filled out by caregivers before and after the staff development program. Results presented in Figure 4 show a two to three point increase in scores of four out of five caregivers following the



FIGURE 4

Professionalism Survey Questionnaire  
 Attitude, Behavior, Knowledge  
 Pre and Post Intervention Scores



staff development program. Caregiver C showed a decrease of six points which brought this score to nearer the mean. The three point increase for caregiver D was not adequate to bring it up to the acceptable range of 48 to 56 points. Caregiver D expressed extreme frustration in her role as caregiver and uncertainty as to whether she would continue working in the child care field. This writer acknowledges that factors other than a 14 week staff development program influence one's professionalism.

The CDA Competency Standards were used as the criteria for self-assessment of caregiving skills and as topics for the weekly meetings and mini-workshops. Documentation of caregiving competence in each Functional Area of the CDA Competency Standards, as well as

attendance at the weekly meetings, was expected. Caregivers each selected five task items from the targeted Functional Area each week for documentation of their competency in caregiving. A discussion of strengths in the target area followed. Areas to be improved were also discussed and improvements planned at the weekly meeting.

Three caregivers (B,C, and D) attended all meetings and documented competence in all areas of the CDA Competency Standards. Of the remaining caregivers one (A) was on vacation during part of the program, missing two sessions plus an additional meeting due to illness. This caregiver documented competence in seven areas of the CDA Competency Standards. Caregiver E expressed a keen interest in increasing her knowledge and competence in caregiving; however, she was not available to attend weekly meetings and did not become involved in assessing her caregiving competencies. She did attend the scheduled workshops and received materials that were distributed.

Written reports of the staff development program were received from both child care center managers and the director. The effects reported are listed below:

Teachers are more aware of safety for their children.

Teachers have made better use of space available.

Caregivers have made changes in the classroom structure to meet their needs

Caregivers have used new information and have been aware of more needs.

Caregivers have tried to create the proper setting and care of toys.

I feel that they have made many positive changes and are progressing.

Improvements: Heightened awareness of general appearance of the room, through parents' eye, children's eye, director's eye.

Prepared a safety checklist and continue to examine and report unsafe items in the room.

Maintain a sign-in sheet with emergency numbers--diligently.

There is a re-emphasis on daily screening of each individual child and their individual strengths and weaknesses.

There was a heightened awareness to educate parents to bring nutritious snacks.

They have planned a diaper changing activity to be posted for all staff to utilize while changing babies.

The introduction to Piagetian tasks sparked an "I know this" response which became the focal point for staff meetings and a look into the techniques known as vs techniques in use each day.

Strengthened self confidence/reassurance that they were indeed striving for the quality care of infants and toddlers.

### Conclusions

The primary goal of this practicum was to inform and assist para-professional infant and toddler caregivers in increasing their knowledge base in infant and toddler development and caregiving. A staff development program using a cooperative-consultative approach and a criterion-based self-evaluation tool (CDA Competency Standards) was the mechanism for attaining this goal. Quality of caregiving was assessed before and after the staff development program using the ABC I or ABC II observation checklists.

Caregivers each documented their caregiving competencies in one targeted Functional Area of the CDA Competency Standards each week. They attended weekly meetings for discussion and for planning ways to improve their competence and the program. Four out of five caregivers participated fully in the staff development program.

In light of the results of the ABC observations, it seems that the projected goal of all caregivers achieving scores on the ABC I or ABC II equal to the scores of experienced teachers was unrealistic. The very low pre-intervention percentage scores in Language Facilitation and Piagetian tasks were not anticipated. The staff development program gave relatively equal focus to all areas of the CDA Competency Standard Functional Areas—one week for each area. A one-hour presentation of material replaced the 45 minute discussion meeting scheduled for all areas of the CDA Competency Standards except Language Facilitation, concept development (Piagetian tasks) and Learning Environments. Self-checklists were distributed at the mini-workshops in two of these areas. Increases in language interactions and provision of toys and



games to promote concept development (Piagetian tasks) were accomplished by the group and by four/three caregivers respectively. An improvement in caregiver involvement in improving the environment and the program was expressed by the director and managers, indicating a successful intervention.

The director and managers of the child care centers showed their commitment to high quality infant and toddler caregiving through providing release time for caregiver attendance at meetings, materials, space, and feedback. This strong commitment was essential for the implementation of the staff development program.

The results of this practicum support the assertion that this staff development program resulted in measurable improvements in caregiver behavior. It is important to note that a weekly training program of 14 weeks duration is probably not sufficient for initial caregiver training nor to produce major changes in caregiver behavior when this is needed. The rapidity with which babies grow and develop and the often long daily period of time (8 or 9 hours) spent in group care by many babies make the highest quality of caregiving an urgent priority.

### Recommendations

Three basic recommendations are offered. First, widespread national credentialling of caregivers as well as adequate assessment of caregiving through the use of appropriate assessment instruments will help upgrade the quality of caregiving of infants and toddlers to the professional level that has already been attained by Early Childhood educators at the pre-school level. Second, a cost effective way to offer inservice programs to all infant and toddler caregivers (e.g. using a video media approach) needs to be established. Finally, on-going training and support is needed to maintain the highest quality of caregiving of infants and toddlers. All of the above need to happen as rapidly as possible.

This writer plans to share results of this practicum with Dr. A. Honig, PhD whose assessment instrument was used and S. Volkert, Project Director CDA Expansion, CDA National Credentialling Program.

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### ASSESSING THE BEHAVIORS OF CAREGIVERS (WITH YOUNG INFANTS)

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

[illegible]

# BEST COPY

|                                     |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| IV. PIAGETIAN TASKS                 |  |  |  |  |  |
| 1. Object permanence                |  |  |  |  |  |
| 2. Means and ends                   |  |  |  |  |  |
| 3. Imitation                        |  |  |  |  |  |
| 4. Causality                        |  |  |  |  |  |
| 5. Prehension: small-muscle skills  |  |  |  |  |  |
| 6. Space                            |  |  |  |  |  |
| 7. New schemas                      |  |  |  |  |  |
| V. CAREGIVING: CHILD                |  |  |  |  |  |
| 1. Feeds                            |  |  |  |  |  |
| 2. Diapers or toilets               |  |  |  |  |  |
| 3. Dresses or undresses             |  |  |  |  |  |
| 4. Washes or cleans child           |  |  |  |  |  |
| 5. Prepares child for sleep         |  |  |  |  |  |
| 6. Physical shepherding             |  |  |  |  |  |
| 7. Eye checks on child's well-being |  |  |  |  |  |
| VI. CAREGIVING: ENVIRONMENT         |  |  |  |  |  |
| 1. Prepares food                    |  |  |  |  |  |
| 2. Tidies up room                   |  |  |  |  |  |
| 3. Helps other caregiver(s)         |  |  |  |  |  |
| VII. PHYSICAL DEVELOPMENT           |  |  |  |  |  |
| 1. Provides kinesthetic stimulation |  |  |  |  |  |
| 2. Provides large-muscle play       |  |  |  |  |  |
| VIII. DOES NOTHING                  |  |  |  |  |  |



## ABC II

## ASSESSING THE BEHAVIORS OF CAREGIVERS (WITH OLDER INFANTS)

Caregiver's Name: \_\_\_\_\_ Rater: \_\_\_\_\_ Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

|                                                                     |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| I. FACILITATES LANGUAGE DEVELOPMENT                                 |  |  |  |  |  |  |  |  |  |  |
| 1. Converses                                                        |  |  |  |  |  |  |  |  |  |  |
| 2. Models language                                                  |  |  |  |  |  |  |  |  |  |  |
| 3. Comments on Child's Remarks                                      |  |  |  |  |  |  |  |  |  |  |
| 4. Praises, encourages                                              |  |  |  |  |  |  |  |  |  |  |
| 5. Offers help, solicitous remarks, or makes verbal promises        |  |  |  |  |  |  |  |  |  |  |
| 6. Inquires of child or makes request                               |  |  |  |  |  |  |  |  |  |  |
| 7. Gives information                                                |  |  |  |  |  |  |  |  |  |  |
| 8. Gives culture rules                                              |  |  |  |  |  |  |  |  |  |  |
| 9. Labels sensory experiences                                       |  |  |  |  |  |  |  |  |  |  |
| 10. Reads or identifies pictures                                    |  |  |  |  |  |  |  |  |  |  |
| 11. Sings or plays music with child                                 |  |  |  |  |  |  |  |  |  |  |
| 12. Role-plays with child                                           |  |  |  |  |  |  |  |  |  |  |
| II. FACILITATES DEVELOPMENT OF SKILLS                               |  |  |  |  |  |  |  |  |  |  |
| SOCIAL; PERSONAL:                                                   |  |  |  |  |  |  |  |  |  |  |
| 1. Promotes child-child play (cog. & sensori.)                      |  |  |  |  |  |  |  |  |  |  |
| 2. Gets social games going                                          |  |  |  |  |  |  |  |  |  |  |
| 3. Promotes self-help and social responsibility                     |  |  |  |  |  |  |  |  |  |  |
| 4. Helps child recognize his or her own needs                       |  |  |  |  |  |  |  |  |  |  |
| 5. Helps child delay gratification                                  |  |  |  |  |  |  |  |  |  |  |
| 6. Promotes persistence, attention span                             |  |  |  |  |  |  |  |  |  |  |
| PHYSICAL:                                                           |  |  |  |  |  |  |  |  |  |  |
| 4. Small muscle, perceptual motor                                   |  |  |  |  |  |  |  |  |  |  |
| 5. Large muscle, kinesthesia                                        |  |  |  |  |  |  |  |  |  |  |
| III. FACILITATES CONCEPT DEVELOPMENT                                |  |  |  |  |  |  |  |  |  |  |
| 1. Arranges learning of space and time                              |  |  |  |  |  |  |  |  |  |  |
| 2. Arranges learning of seriation, categorization, & polar concepts |  |  |  |  |  |  |  |  |  |  |
| 3. Arranges learning of number                                      |  |  |  |  |  |  |  |  |  |  |
| 4. Arranges learning of physical causality                          |  |  |  |  |  |  |  |  |  |  |

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SYRACUSE UNIVERSITY  
COLLEGE FOR HUMAN DEVELOPMENT

112 SLOCUM HALL | SYRACUSE, NEW YORK 13210  
(315) 423-2033

April 4, 1984

Laura Stone  
23 Nathan Ave.  
Lakehurst, NJ 08733

Dear Laura,

I am so pleased that you will be using ABC I and ABC II as pre and post measures. We are enclosing copies and you can reproduce them as you need to for your work. There are no restrictions.

I do worry about self-evaluation, which you mention in your letter. The ABC scales are created as evaluation instruments to be carried out with reliability. If used as a self check list, then I doubt that you can establish reliability of ratings, which you will need to do for your final project. Probably you and another rater will need to do ten protocols to establish reliability of your use. That is, do you both agree on 80% or more of the checks for each subcategory?

In any case, I am really interested in your research, and would of course, love to receive a copy of the work when you have finished.

Best wishes in your study.

Sincerely yours,

*Alice Sterling Honig, Ph.D.*

Alice Sterling Honig, Ph.D.  
Professor of Child Development

## APPENDIX C

## PROFESSIONALISM SURVEY QUESTIONNAIRE

|                                                                                                                    | strongly<br>disagree | disagree | neither | agree | strongly<br>agree |
|--------------------------------------------------------------------------------------------------------------------|----------------------|----------|---------|-------|-------------------|
| I like the kind of work I do                                                                                       | —                    | —        | —       | —     | —                 |
| I like working with infants and toddlers                                                                           | —                    | —        | —       | —     | —                 |
| My job makes good use of my skills and abilities                                                                   | —                    | —        | —       | —     | —                 |
| The people I work with cooperate to get the job done                                                               | —                    | —        | —       | —     | —                 |
| I have enough training to do my job well                                                                           | —                    | —        | —       | —     | —                 |
| I am given real opportunities to improve my skills                                                                 | —                    | —        | —       | —     | —                 |
| My work gives me a sense of personal accomplishment                                                                | —                    | —        | —       | —     | —                 |
| *I take advantage of opportunities for extra training                                                              | —                    | —        | —       | —     | —                 |
| *I know the goals and objectives of this group day care program                                                    | —                    | —        | —       | —     | —                 |
| I know that fatigue, low morale and lack of satisfaction in work decreases effectiveness                           | —                    | —        | —       | —     | —                 |
| I know that some of the normal developmental characteristics of children make adults uncomfortable (ex. messiness) | —                    | —        | —       | —     | —                 |
| I can accept criticism in a constructive way                                                                       | —                    | —        | —       | —     | —                 |
| I evaluate my work performance and learning needs                                                                  | —                    | —        | —       | —     | —                 |
| I feel that the work I do is related to quality caregiving                                                         | —                    | —        | —       | —     | —                 |
| *I read job related materials                                                                                      | —                    | —        | —       | —     | —                 |
| *Please document shared items on the back of this sheet!!!                                                         |                      |          |         |       |                   |



## PROFESSIONALISM QUESTIONNAIRE

AND

## CAREGIVER PROFILE

## Cover Letter

As part of the Practicum component of the doctoral program in Early Childhood Education at Nova University, Laura Stone is conducting a staff development program for infant and toddler caregivers. Your child care center has been selected due to your commitment to excellence in quality care for infants and toddlers and has been approved for implementation of this program. The goal of the project is to elevate the standards of caregiving in infant and toddler day care.

The attached Professionalism Questionnaire and Caregiver Profile are designed to clarify some issues and to assist the above student in understanding infant and toddler caregivers. You are requested to respond to each item as honestly as possible. This survey is anonymous and the questionnaires will be seen by the above student only. Confidentiality will be maintained by the above student who will be using the survey for research purposes only.

Your full cooperation is anticipated and in advance I thank you for your assistance.

Yours truly,

Laura M. Stone RN MA Doctoral  
student, Nova University

## CAREGIVER PROFILE

NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

AGE \_\_\_\_\_ CHILDREN \_\_\_\_\_

BASIC EDUCATION (high school) years \_\_\_\_\_

HIGHER EDUCATION (college credits) \_\_\_\_\_

CERTIFICATIONS \_\_\_\_\_

COURSES \_\_\_\_\_

EMPLOYMENT IN EARLY CHILDHOOD EDUCATION (give dates)

EMPLOYMENT IN INFANT AND TODDLER PROGRAMS (give dates)

HOW MUCH FORMAL TRAINING DID YOU HAVE TO PREPARE FOR THE JOB BEFORE BEING HIRED?

## Appendix D

## Comparison of PSQ with ABC checklists and Caregiver experience

|      | Pre-test |       |            |
|------|----------|-------|------------|
|      | PSQ      | ABC   | Experience |
| Mean | 14.00    | 57.83 | 29.00      |
| S.D. | 7.96     | 17.35 | 15.74      |

(P = .05)

## Correlation Matrix (r. Pearson Prod.)

|      | PSQ  | ABC  | EXP. |
|------|------|------|------|
| PSQ  | ---  | .544 | .277 |
| ABC  | .544 | ---  | .07  |
| EXP. | .277 | .07  | ---  |

# BEHAVIOR VS EXP

| X       | DIFF (X) | X (SQ)   | XY       | Y (SQ)   | DIFF(Y) | Y       |
|---------|----------|----------|----------|----------|---------|---------|
| 53.000  | -16.833  | 283.361  | -117.833 | 49.000   | 7.000   | 36.000  |
| 56.000  | -13.833  | 191.361  | 207.500  | 225.000  | -15.000 | 14.000  |
| 66.000  | -3.833   | 14.691   | -95.833  | 625.000  | 25.000  | 54.000  |
| 42.000  | -27.833  | 774.694  | 306.167  | 121.000  | 11.000  | 18.000  |
| 88.000  | 18.167   | 330.028  | 127.167  | 49.000   | 7.000   | 36.000  |
| 114.000 | 44.167   | 1950.694 | -574.167 | 169.000  | -13.000 | 16.000  |
| 119.000 |          | 3544.833 | -147.000 | 1238.000 |         | 174.000 |



MEAN FOR X        69.833  
VARIANCE OF X     708.967  
STAND DEV OF X    26,626

MEAN FOR Y        29.000  
VARIANCE OF Y     247.600  
STAND DEV OF Y    15,735

CORRELATION COEF (X,Y)    -0.070  
STAND ERROR X     11.908

STAND ERROR Y     7.037

STAND ERROR DIFF    13,530

T TEST    3.017992 FOR 5 DEGREES OF FREEDOM

# BEHAVIOR VS Q

| X       | DIFF(X) | X(SQ)    | XY      | Y(SQ)   | DIFF(Y) | Y      |
|---------|---------|----------|---------|---------|---------|--------|
| 53.000  | -4.833  | 23.361   | -9.667  | 4.000   | 2.000   | 16.000 |
| 56.000  | -1.833  | 3.361    | 9.167   | 25.000  | -5.000  | 9.000  |
| 66.000  | 8.167   | 66.694   | 81.667  | 100.000 | 10.000  | 24.000 |
| 42.000  | -15.833 | 250.694  | -31.667 | 4.000   | 2.000   | 16.000 |
| 42.000  | -15.833 | 250.694  | 205.833 | 169.000 | -13.000 | 1.000  |
| 88.000  | 30.167  | 910.028  | 120.667 | 16.000  | 4.000   | 18.000 |
| 347.000 |         | 1504.883 | 376.000 | 318.000 |         | 84.000 |

MEAN FOR X        57.833  
VARIANCE OF X     300.967  
STAND DEV OF X    17.348

MEAN FOR Y        14.000  
VARIANCE FOR Y     43.600  
STAND DEV OF Y     7.975

CORRELATION COEF(X,Y)    0.544

STAND ERROR X    7.758

STAND ERROR Y    3.567

STAND ERROR DIFF    8.414

TEST 5.209647for 5DEGREES OF FREEDOM

# EXPERIENCE VS Q

| X      | DIFF(X) | X(SQ)   | XY      | Y(SQ)    | DIFF(Y) | Y       |
|--------|---------|---------|---------|----------|---------|---------|
| 16.000 | 2.000   | 4.000   | 14.000  | 49.000   | 7.000   | 36.000  |
| 9.000  | -5.000  | 25.000  | 75.000  | 225.000  | -15.000 | 14.000  |
| 24.000 | 10.000  | 100.000 | 250.000 | 625.000  | 25.000  | 54.000  |
| 16.000 | 2.000   | 4.000   | -22.000 | 121.000  | -11.000 | 18.000  |
| 1.000  | -13.000 | 169.000 | -91.000 | 49.000   | 7.000   | 36.000  |
| 18.000 | 4.000   | 16.000  | -52.000 | 169.000  | -13.000 | 16.000  |
| 84.000 |         | 313.000 | 174.000 | 1238.000 |         | 174.000 |



MEAN FOR X 14.000  
VARIANCE OF X 63.600  
STAND DEV OF X 7.975

MEAN FOR Y 29.000  
VARIANCE OF Y 247.600  
STAND DEV OF Y 15.735

CORRELATION COEF(X,Y) 0.277

STAND ERROR 3.567

STAND ERROR Y 7.037

STAND ERROR DIFF 7.342

T TEST 2.041494 FOR 5 DEGREES OF FREEDOM

Appendix E

86

1341 G Street, N.W.  
Suite 802  
Washington, D.C. 20005  
202-638-6656  
800-424-4310



November 7, 1983

Dear Laura Stone

Here is the draft of COA competencies which we spoke about at NAEYC. I hope this is helpful to you. Give me a call if you have any questions.

Sincerely yours,

Sally Volbert

Project Director, COA Expansion

3/16/84 phone contact  
OK to copy and make use  
of Jan 1984 materials  
Give feedback.

BEST COPY AVAILABLE

CHILD DEVELOPMENT ASSOCIATE  
COMPETENCY STANDARDS

This chart outlines the Definition of a CDA, the Competency Goals, and the Functional Areas. It describes the settings for CDA assessment as well as the Preschool Endorsement and Bilingual Specialization.

## OFFICIAL DEFINITION OF THE CDA

The Child Development Associate or CDA is a person who is able to meet the specific needs of children and who, with parents and other adults, works to nurture children's physical, social, emotional, and intellectual growth in a child development framework. The CDA conducts herself or himself in an ethical manner.

The CDA has demonstrated competence in the goals listed below through her or his work in one of the following settings:

1. In a center-based program (CDA-CB).
2. In a home visitor program (CDA-HV).
3. In a family day care program (CDA-FDC).\*

A person who demonstrates competence working with children aged three through five in one of the above settings is a Child Development Associate with a Preschool Endorsement.

A person who demonstrates competence working with children from birth to three in one of the above settings is a Child Development Associate with an Infant/Toddler Endorsement.\*

A person who demonstrates competence working with children from birth through five in family day care or home visitor settings is a Child Development Associate with a Mixed-Age Endorsement.\*\*

A person who works in a bilingual program and has demonstrated bilingual competence in one of the above settings is a Child Development Associate with a Bilingual Specialization.

| COMPETENCY GOALS                                                                                | FUNCTIONAL AREAS<br>Key Words                                      |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| I<br>To establish and maintain a safe, healthy, learning environment                            | 1. Safe<br>2. Healthy<br>3. Learning Environment b/b               |
| II<br>To advance physical and intellectual competence                                           | 4. Physical<br>5. Cognitive<br>6. Communication b/b<br>7. Creative |
| III<br>To support social and emotional development and provide positive guidance and discipline | 8. Self b/b<br>9. Social b/b<br>10. Guidance/Discipline            |
| IV<br>To establish positive and productive relationships with families                          | 11. Families b/b                                                   |
| V<br>To ensure a well-run, purposeful program responsive to participant needs                   | 12. Program Management b/b                                         |
| VI<br>To maintain a commitment to professionalism                                               | 13. Professionalism b/b                                            |

\*Proposed—currently being developed, reviewed, and field tested.

b/b Bilingual/Bicultural critical areas

\*\*Proposed for Home Visitor Settings and Family Day Care. System to be developed and reviewed at a later date.

Jan 1984 draft

## Appendix G

## WORKSHOP I

## ASSESSING CHILD CARE CENTERS

Agenda: 90 minutes

## I. Observing and assessing child care center environments

## A. Physical Environment

1. Safe environment inside and out
2. Toys, equipment and furniture
3. Use and organization of space

## B. Social Environment

1. Child behavior, interactions
2. Adult/child interactions
3. Resolving conflicts

## C. Emotional Environment

1. Basic trust and love between babies and adults
2. Communication between babies and adults
3. Communication between adults
4. Discipline/setting limits
5. Emotional needs of babies

## D. Learning Environments

1. Learning materials
2. Age group suitability of learning opportunities
3. Individual attention and assistance
4. Varied and well planned program

## E. Center Philosophy and Curriculum - (CORE/PALS)

## F. Checklists for choosing childcare

1. Participant assessment of child care center
2. Discussion of assessment



## II. Qualifications of caregivers

- A. Values exercise--Rating caregiver qualifications
- B. Discussion of ratings

## III. Caregiver profile and professionalism assessment

- A. Complete profile and assessment survey

## IV. Evaluation

- A. Complete workshop evaluation form

WORKSHOP I  
ASSESSING CHILD CARE CENTERS

Duration: 90 minutes

Purpose

To acquaint caregiver aides with characteristics that are important in high quality caregiving so that they can identify the presence or absence of these characteristics in a child care center.

Objectives: Workshop participants will:

1. Be introduced to popular books about choosing child care.
2. Examine checklists to evaluate child care programs.
3. Assess the physical, social, emotional and learning environment of their own child care center.
4. Rate the qualifications that are valued in a caregiver and discuss ratings.
5. Fill out a caregiver profile and professionalism assessment form.

Procedure:

|                                                          |           |
|----------------------------------------------------------|-----------|
| Introduction                                             | (10 min.) |
| Distribution of workshop packet                          |           |
| Mini-lecture--Observing and assessing child care centers | (20 min.) |
| Participant assessment of child care center              | (10 min.) |
| Discussion of assessment                                 | (10 min.) |
| Break                                                    | (10 min.) |
| Rating caregiver qualifications                          | (10 min.) |
| Discussion of rating                                     | (10 min.) |
| Caregiver profile and professionalism assessment         | ( 5 min.) |
| Evaluation of workshop                                   | ( 5 min.) |

## CAREGIVER QUALIFICATIONS

## Rating Checklist

What qualifications do you value in a caregiver? Rate the following in order of importance to you (one = most important).

- \_\_\_\_\_ Personal appearance
- \_\_\_\_\_ Appropriate educational background
- \_\_\_\_\_ Experienced with babies
- \_\_\_\_\_ Sensitivity to babies
- \_\_\_\_\_ Uses good judgement
- \_\_\_\_\_ Ability to dance up and down the developmental ladder to meet child's needs
- \_\_\_\_\_ Comfortable with physical cuddling, touching and comforting
- \_\_\_\_\_ Physical fitness and stamina
- \_\_\_\_\_ Ability to pick up on babies cues and to do things with not for babies.
- \_\_\_\_\_ Great at talking with babies

## Caregiver Qualifications

Page 2

What caregiver attitudes are important to you? Rate the following in order of their importance to you (one = most important).

- \_\_\_\_\_ Respect for the rights of each infant
- \_\_\_\_\_ Helping babies to flourish and grow
- \_\_\_\_\_ That babies need to be someone special to their caregiver
- \_\_\_\_\_ Sensitivity to babies feelings, rights, and responsibilities
- \_\_\_\_\_ Sensitivity to parents feelings
- \_\_\_\_\_ Sensitivity to baby's need to be told about daily routines, and people's comings and goings
- \_\_\_\_\_ Cooperative with other staff members
- \_\_\_\_\_ Flexible in adapting the program to the needs of individual babies
- \_\_\_\_\_ Committed to a partnership with parents on behalf of the baby
- \_\_\_\_\_ That the role of caregiver is one of surrogate mother or parent



## CAREGIVER QUALIFICATIONS

PAGE 3

Personality Traits

What personality traits do you value in a caregiver? Rate the following according to their importance to you (one = most important).

|                   |                            |
|-------------------|----------------------------|
| _____ Alert       | _____ Resourceful          |
| _____ Cooperative | _____ Stable disposition   |
| _____ Dependable  | _____ Thoughtful of others |
| _____ Flexible    | _____ Tolerant             |
| _____ Honest      | _____ Enthusiastic         |
| _____ Mature      | _____ Sense of Humor       |
| _____ Pleasant    | _____ Reliable             |
| _____ Punctual    | _____ Creative             |
|                   | _____ Warm, loving, caring |

## ASSESSING CHILD CARE CENTERS

References:

- Auerbach, S. Choosing Child Care/A Guide for Parents. New York: E.P. Dutton, 1981, pp 63-79.
- Clarke-Stewart, A. Day Care. Cambridge, Mass: Harvard University Press, 1982, pp 97-113; 123-136.
- Dreskin, W. & Dreskin, W. The Day Care Decision: What's Best for You and Your Child. New York: M. Evans & Company Inc., 1983, pp. 8-59.
- Fane, X.F. Child Care Careers. Englewood Cliffs, N.J. Prentice Hall, Inc., 1977, pp 44; 106-113.
- Four components of high quality early childhood programs: Staff-child interaction, child-child interaction, curriculum and evaluation. Young Children, September, 1983, pp. 46-52.
- Honig, A.S. & Lally, J.R. Infant Caregiving: A Design For Training. New York: Open Family Press, 1981.
- How To Choose A Good Early Childhood Program. Washington, D.C.: National Association for the Education of Young Children, 1982.
- Mitchell, G. The Day Care Book. Brier Cliff Manor, New York: Stein & Day, 1979, pp. 24; 41-43; 117-127; 155-161.
- Neser, G. Friends All Learning. Elberon, N.J.: Uni-Ed Associates, 1979.
- Neser, G. & Gaugian, J. Infantoddler Parenting. Elberon, New Jersey: Uni-Ed Associates, 1980.
- Progress Report on the center accreditation project. Young Children, November 1983, pp. 35-46.
- Province, S. Naylor, A., & Patterson, J. The Challenge of Daycare. New Haven, Ct: Yale University Press, 1977.
- Siegel-Gorelick, B. The Working Parents Guide to Child Care. Boston: Little, Brown & Co., 1983 pp. 8-15; 27-31.

## ASSESSING CHILD CARE CENTERS

Materials: (One copy per participant)

NAEYC - How To Choose a Good Early Childhood Program

Checklists for choosing child care by Auerbach, S. and Mitchell, G.

Stone, L. Caregiver Qualifications--Rating Checklist

Stone, L. Caregiver Profile

Stone, L. Professionalism Assessment Survey

## Appendix H

## WORKSHOP II

## INFANT/TODDLER LANGUAGE FACILITATION

Duration: 60 minutes

Agenda:

- I. Infant language
  - A. Language acquisition
    - 1. Behaviorist vs nativist theory
    - 2. Development of language from one month to 24 months
  - B. Facilitating language development
    - 1. Reasons and purposes for language stimulation
    - 2. Language lessons and games for babies
- II. Review of CDA Competency Standards-Functional area 6-Communication
  - A. Discussion
  - B. Selection of items for focus by individual caregivers
- III. Assessing language facilitation
  - A. Self-check list -- introduction and discussion
- IV. Evaluation of workshop



## WORKSHOP II

## INFANT/TODDLER LANGUAGE FACILITATION

Duration: 60 minutes

Purpose:

To inform participants about language acquisition and facilitation so that participants can choose to make a difference in the quantity and quality of verbal interactions between themselves and the babies they care for.

Objectives: Workshop participants will:

1. Increase their knowledge about language acquisition in babies.
2. Identify reasons why frequent, high quality, verbal interactions between babies and their caregivers is vital to language development.
3. Practice language games for babies.
4. Identify items from the CDA standards to work on to increase language interactions with babies.
5. Utilize a self-check list to increase language interactions with babies.

Procedures:

Introduction

Mini-lecture-- Language acquisition and development

in babies from birth to age two (10 min)

Facilitating language development (10 min)

Discussion-- CFA Competency Standards-Communication (15 min)

Experience-- Language games for babies--matching  
the development level (10 min)

Wrap-up-- Self-check list  
Workshop evaluation (10 min)

# INFANT/TODDLER LANGUAGE FACILITATION

## Materials:

Stone, L. Facilitating Language Acquisition in Babies.

Stone, L. Communicating with Infants and Toddlers--Checklist

CDA Competency Standard-Functional Area 6--Communication.

## References:

CDA Competency Standards and Assessment System for Infant/Toddler Caregivers. Washington, DC: Child Development Associate National Credentialing Program, 1984, pp 36-38.

Gonzalez-Mena, J. & Eyer, D.W. Infancy and Caregiving. Palo Alto, California: Mayfield Publishing Co., 1980, pp 117-123.

Greenfield, P.M. & Tronick, E. Infant Curriculum: The Bromley-Heath Guide to the Care of Infants in Groups. Santa Monica, Ca: Goodyear Publishing Co. Inc., 1980 pp 17-20, 110-114.

Honig, A.S. & Lally, J.R. Infant Caregiving: A Design for Training. New York: Open Family Press, 1981, pp 106-113.

Siegel-Gorelick, B. The Working Parents Guide To Child Care. Boston: Little, Brown & Co., 1983, pp 76-80.

Senter, S.A. (Ed.) Infant Communication-Learning to Understand Your Baby. Irvine, CA: National Pediatric Support Services, 1983.

Willis, A. & Ricciuti, H. A Good Beginning For Babies: Guidelines for Group Care. Washington, DC: National Association for the Education of Young Children, 1981, pp 46-51.

# COMMUNICATING WITH INFANTS AND TODDLERS

## CHECKLIST

Check the ones you did with  
the infants and toddlers each day.

|                                                                                                 |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Takes turns vocalizing<br>and repeating baby's sounds.                                          |  |  |  |  |  |  |  |
| Imitates baby's sounds.                                                                         |  |  |  |  |  |  |  |
| Asks baby to produce sounds<br>or words.                                                        |  |  |  |  |  |  |  |
| Uses variety in vocalizations<br>(whisper, deep, high pitched,<br>questioning, soothing voice). |  |  |  |  |  |  |  |
| Makes funny noises (buzz, hiss,<br>animal noises).                                              |  |  |  |  |  |  |  |
| Responds enthusiastically to<br>infant sounds and words.                                        |  |  |  |  |  |  |  |
| Interprets non-verbal cues and<br>responds readily to infant.                                   |  |  |  |  |  |  |  |
| Talks with infants about what<br>they can see and what is happening.                            |  |  |  |  |  |  |  |
| Gets baby to initiate an action<br>through saying the words (peek-a-<br>boo, roll the ball).    |  |  |  |  |  |  |  |
| Sings lullaby's.                                                                                |  |  |  |  |  |  |  |
| Labels toys, clothing, etc.                                                                     |  |  |  |  |  |  |  |
| Helps babies use single words:<br>for what they want.                                           |  |  |  |  |  |  |  |
| For feelings they are showing.                                                                  |  |  |  |  |  |  |  |
| For actions they are doing.                                                                     |  |  |  |  |  |  |  |



|                                                                                            |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Helps babies learn simple instructions.                                                    |  |  |  |  |  |  |  |
| Extends short phrases to help express meanings.                                            |  |  |  |  |  |  |  |
| Talks to toddlers about thoughts and feelings.                                             |  |  |  |  |  |  |  |
| Provides opportunities for toddlers to represent ideas nonverbally (CORE/PALS songs)       |  |  |  |  |  |  |  |
| Discusses how child feels when child is expressing feelings.                               |  |  |  |  |  |  |  |
| Records toddlers "stories" and labels their art work.                                      |  |  |  |  |  |  |  |
| Uses open ended questions to help toddlers extend their thinking and communication skills. |  |  |  |  |  |  |  |
| Asks parents to explain meaning of beginning communication.                                |  |  |  |  |  |  |  |

# INFANT/TODDLER LANGUAGE FACILITATION

## WORKSHOP EVALUATION

- |                                                                                                        | yes   | no    | un-<br>decided |
|--------------------------------------------------------------------------------------------------------|-------|-------|----------------|
| 1. I am more aware of the importance of facilitating language development in infants and toddlers.     | _____ | _____ | _____          |
| 2. I feel more confident about how to facilitate language development at various age levels in babies. | _____ | _____ | _____          |
| 3. I have enough information to increase my language stimulation with babies.                          | _____ | _____ | _____          |
| 4. This workshop on language stimulation has been helpful.                                             | _____ | _____ | _____          |

Comments

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## Appendix I

## WORKSHOP III

## PIAGETIAN TASKS AND GAMES

Duration: 60 minutes

Agenda:

I. Child Development Associate Competency Standards

Functional Area 5 - Cognitive.

- A. Review of CDA Cognitive Area Standards
- B. Selection of items for individual focus by each participant

II. Piaget - Developmental Areas and Toy and Game Selection

- A. Overview of Piagetian Concepts
- B. Stages 1-6 - Sensory-Motor Development
- C. Areas of development and appropriate matching of toys and games
  - Prehension
  - Space
  - Object permanence
  - Causality
  - Means/Ends
  - Imitation
  - New Schemas

III. Piaget Task Checklist (Honig & Lally)

- A. Introduction and discussion

IV. Evaluation of workshop



## WORKSHOP III

## PIAGETIAN TASKS AND GAMES

Duration: 60 minutes

Purpose:

To introduce caregivers to Piagetian concepts so that they can choose activities and experiences that encourage development of cognitive skills in babies.

Objectives: Workshop participants will:

1. examine CDA competency standard - Functional Area 5 - Cognitive
2. be introduced to Piagetian stages of sensory-motor development in seven areas.
3. discuss toys and games that facilitate development of cognitive skills in babies.
4. determine ways to use the Piaget Task Checklist of Honig & Lally in daily interactions with babies.

Procedure:

|                                            |           |
|--------------------------------------------|-----------|
| Introduction of workshop                   | (5 min.)  |
| Review discussion of CDA Competency        | (15 min.) |
| Standard cognitive                         |           |
| Mini-lecture                               | (10 min.) |
| Piagetian concepts                         |           |
| Discussion of toys and games to facilitate | (15 min.) |
| concept development                        |           |
| Introduction and discussion of Honig &     |           |
| Lally-"Piaget Task Checklist"              | (10 min.) |
| Wrap up and evaluation                     | (5 min.)  |



# PIAGETIAN TASKS AND GAMES

Materials: (one copy to each participant)

Child Development Associate Competency Standards and Assessment System for Infant/Toddler Caregivers. Washington, D.C.: CDA National Credentialing Program, 1984, pp 27-29.

Honig, A.S. & Lally, J.R. Infant Caregiving: A Design for Training. New York: Open Family Press, 1981, pp 145-157; 169-171.

Honig, A.S. & Lally, J.R. Piaget Task Checklist. In Infant Caregiving: A Design for Training. New York: Open Family Press, 1981, pp 257-258.

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Greenfield, P.M. & Tronick, E. Infant Curriculum: The Bromley-Health Guide to the Care of Infants In Groups. Santa Monica, CA: Goodyear Publishing Co. Inc., 1980.

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Lally, J.R. & Gorden, I.J. Learning Games for Infants and Toddlers. Syracuse, N.Y.: New Readers Press, 1977.

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Segal, M. From One to Two Years. Rolling Hills Estates, CA. B.L. Winch & Assoc., 1976.

White. B.L. The First Three Years Of Life. New York: Avon Books, 1975.

Uzgiris, I.C. & Hunt, J. McV. Assessment in Infancy. Chicago, IL: University of Illinois Press, 1975.

# **PIAGET TASK CHECKLIST**

| Please check the one(s)<br>you did with the child<br>today | NAME |   | BIRTHDATE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------------------------------|------|---|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                                            |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                            | M    | T | W         | T | F | M | T | W | T | F | M | T | W | T | F | M | T | W | T | F |
| <b>A. PREHENSION</b>                                       |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. Reaching for toys                                       |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. Shaking toys                                            |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. Suspended toys —<br>hitting                             |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. Suspended toys —<br>pulling                             |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. Squeaking toys                                          |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>B. OBJECT PERFORMANCE</b>                               |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. Peek-a-boo                                              |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. Horizontal following<br>of toy                          |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. Vertical screens —<br>hidden object                     |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. Horizontal screens —<br>visible displacement            |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. Visible<br>displacement —<br>3 screens                  |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. Invisible<br>displacement —<br>1 screen                 |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7. Invisible<br>displacement —<br>2 or 3 screens           |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8. (a) Put things in<br>containers                         |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (b) Nested boxes or<br>bottles                             |      |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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## PIAGET TASK CHECKLIST

| Please check the one(s)<br>you did with the child<br>today | NAME |   |   |   |   | BIRTHDATE |   |   |   |   |
|------------------------------------------------------------|------|---|---|---|---|-----------|---|---|---|---|
|                                                            |      |   |   |   |   |           |   |   |   |   |
|                                                            | M    | T | W | T | F | M         | T | W | T | F |
| <b>C. MEANS AND ENDS</b>                                   |      |   |   |   |   |           |   |   |   |   |
| 1. Reaching over obstacles                                 |      |   |   |   |   |           |   |   |   |   |
| 2. Use of the support                                      |      |   |   |   |   |           |   |   |   |   |
| 3. Pull horizontal string to get toy                       |      |   |   |   |   |           |   |   |   |   |
| 4. Pull vertical string to get toy                         |      |   |   |   |   |           |   |   |   |   |
| 5. Bunch chain into box                                    |      |   |   |   |   |           |   |   |   |   |
| 6. Use stick to get object                                 |      |   |   |   |   |           |   |   |   |   |
| 7. Reject solid ring for stack                             |      |   |   |   |   |           |   |   |   |   |
| <b>D. NEW SCHEMAS</b>                                      |      |   |   |   |   |           |   |   |   |   |
| 1. Hitting two objects together                            |      |   |   |   |   |           |   |   |   |   |
| 2. Tactual patting, scratching                             |      |   |   |   |   |           |   |   |   |   |
| 3. Examining objects                                       |      |   |   |   |   |           |   |   |   |   |
| 4. Sliding objects, such as car                            |      |   |   |   |   |           |   |   |   |   |
| 5. Show something to someone                               |      |   |   |   |   |           |   |   |   |   |
| 6. Adorn self — put on necklace                            |      |   |   |   |   |           |   |   |   |   |
| 7. Make doll or animal walk                                |      |   |   |   |   |           |   |   |   |   |
| 8. Pull or stretch object                                  |      |   |   |   |   |           |   |   |   |   |
| 9. Attentive "listening" to songs                          |      |   |   |   |   |           |   |   |   |   |



# **PIAGET TASK CHECKLIST**

| Please check the one(s) you did with the child today | NAME |   |   |   |   | BIRTHDATE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
|------------------------------------------------------|------|---|---|---|---|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
|                                                      |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
|                                                      | M    | T | W | T | F | M         | T | W | T | F | M | T | W | T | F | M | T | W | T | F |  |  |  |  |  |
| <b>E. CAUSALITY</b>                                  |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 1. Bring unseen objects into sight                   |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 2. Ring bell to make sound                           |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 3. Wobble duck toy                                   |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 4. Turn key to work toy                              |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 5. "Zoom" car to make it go                          |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 6. Work "Jack-in-the-box"                            |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| <b>F. SPACE</b>                                      |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 1. Glance alternately                                |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 2. Find object by its sound                          |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 3. Vertical trajectory following                     |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 4. Reversed objects                                  |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 5. Roll objects down plane                           |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 6. Use detour to get toys                            |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| <b>G. IMITATION</b>                                  |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 1. Familiar visible "pat-a-cake"                     |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 2. Unfamiliar visible — crook a finger               |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 3. Familiar invisible — wag head                     |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| 4. Unfamiliar invisible — eye wink                   |      |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |



# PIAGETIAN GAMES AND TASKS

## WORKSHOP EVALUATION

- |    |                                                                                              | yes   | no    | un-<br>decided |
|----|----------------------------------------------------------------------------------------------|-------|-------|----------------|
| 1. | I have a greater understanding of Piagetian developmental stages of development in children. | _____ | _____ | _____          |
| 2. | I feel confident that I can identify piagetian tasks in and for babies.                      | _____ | _____ | _____          |
| 3. | I have enough information to increase my use of Piagetian tasks and games with babies.       | _____ | _____ | _____          |
| 4. | This workshop on Piagetian games has been helpful.                                           | _____ | _____ | _____          |

Comments:

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## Appendix J

## WORKSHOP IV

## ENVIRONMENTS FOR INFANTS AND TODDLERS

Duration: 60 minutes

Agenda:

- I. Learning Environment - CDA Competency Standards -  
Functional area 3
  - A. Review of CDA Learning Environment Standards
  - B. Discussion of competency standards
- II. Organizing Learning Environments for Infants and Toddlers
  - A. Room arrangements
    1. Functional interest areas for toddler rooms  
(open classrooms)
    2. Infants cribs, playpens, and floor space
    3. Furnishings
    4. Private spaces
  - B. Materials and equipment
    1. Arranging materials and equipment
    2. Storage of equipment and materials
  - C. Routines - Curriculum  
Curriculum as a resource adult structured vs.  
child-centered program
  - D. Caregiver Relationships and Attention
    1. Loving care
    2. Positive interactions
    3. Individual attention
    4. Caregiver's role
- III. Summary and Evaluation of Workshop



# WORKSHOP IV

## ENVIRONMENTS FOR INFANTS AND TODDLERS

Duration: 60 minutes

Purpose:

To inform caregivers about effective learning environments for infants and toddlers that encourage play; exploration, and learning using caregivers, space, materials and routines.

Objectives:

Workshop participants will:

1. review and discuss CDA Competency Standards - Functional Area 3 - Learning Environments
2. be introduced to current information and research on learning environments for infants and toddlers.
3. discuss factors influencing effective learning environments
4. complete the workshop evaluation

Procedure:

Introduction

Review and discussion of Learning Environments -

CDA competency standards - Functional Area 3 (20 min.)

Organizing Learning Environments - mini-lecture

and discussion (30 min.)

Summary and Evaluation of Workshop (10 min.)

## LEARNING ENVIRONMENTS FOR INFANTS &amp; TODDLERS

Materials:

Child Development Associate Competency Standards and Assessment System for Infant/Toddler Caregivers. Washington, DC: CDA National Credentialing Program, 1984 pp 27-29.

Neser, G. Friends All Learning. Elberon, NJ: Uni-Ed Associate, 1979. pp 6-8.

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Clarke-Stewart, A. Day Care. Cambridge, MA: Harvard University Press, 1982, pp 86-89.

Child Development Associate Competency Standards and Assessment System for Infant/Toddler Caregivers. Washington, DC: CDA National Credentialing Program, 1984, pp 27-29.

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Willis, J. & Ricciuti, F. A Good Beginning for Babies. Washington, DC: National Association for the Education of Young Children, 1981, pp 133-140.

## LEARNING ENVIRONMENTS FOR INFANTS &amp; TODDLERS

## WORKSHOP EVALUATION

|                                                                                         | yes   | no    | un-<br>decided |
|-----------------------------------------------------------------------------------------|-------|-------|----------------|
| 1. I am more aware of the components of learning environments for infants and toddlers. | _____ | _____ | _____          |
| 2. The information provided is helpful to infant and toddler caregivers.                | _____ | _____ | _____          |
| 3. I am pleased with the learning environments in my center?                            | _____ | _____ | _____          |
| 4. I have learned arrangements on infant/toddler learning environment.                  | _____ | _____ | _____          |

Suggestions and Comments:

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